kConFab

Phase 1 Questionnaire

UFN: **UPN:** **Interview Date:**

Section A: Demographics

A1: How old are you? _____

A2: What is your date of birth? _____

A3: What is the highest level of education that you completed? (select one only)

- ◯ Primary school (some or all)
- ◯ Secondary school – year 7 or year 8
- ◯ Secondary school – year 9 or year 10
- ◯ Secondary school – year 11 or year 12
- ◯ Vocational training (e.g. technical college, business college, nursing)
- ◯ University – did not graduate
- ◯ University – graduated
- ◯ Don't know

A4: Are you currently…?

- ◯ Married
- ◯ Living as married
- ◯ Widowed
- ◯ Separated
- ◯ Divorced
- ◯ Never married
- ◯ Don't know

A5: In which suburb or town do you usually live? _____ Postcode: _____

A6: In which country were you, your parents and your grandparents born?

You: _____

Your mother: _____

Your mother's mother: _____

Your mother's father: _____

Your father: _____

Your father's mother: _____

Your father's father: _____

A7: For how many years have you live in Australia? _____

A8: In which religion were you, your parents and your grandparents born?

You: _____

Your mother: _____

Your mother's mother: _____

Your mother's father: _____

Your father: _____

Your father's mother: _____

Your father's father: _____

A9: Which religion do you currently practice? _____

A10: What is your ethnic background? (fill in as many as apply)

- ◯ White/Caucasian/ Nth European
- ◯ Aboriginal/Torres Straight Islander
- ◯ African American
- ◯ African, Central and South
- ◯ African, North
- ◯ Asian, Northeast
- ◯ Asian, Southeast
- ◯ Chinese
- ◯ Indian / Southern Asian
- ◯ Maori
- ◯ Middle Eastern
- ◯ Pacific Islander
- ◯ South American
- ◯ Southern European
- ◯ Don't know
- ◯ Other _____

Section B: Residential History

B1: Please fill in the table below for each of your current and previous residences. Please provide as much information as you remember

	What is the full street address of the residence where you live(d)	To the best of your recollection, what year or age did you start living at this address
Currently	City: _____ State: _____ Postcode: _____ ◯ Lived outside of Australia (specify country): _____ ◯ Don't know ◯ Prefer not to answer	◯ Year started: _____ ◯ Age started: _____ ◯ Don't know ◯ Prefer not to answer
Ages 20-29	City: _____ State: _____ Postcode: _____ ◯ Lived outside of Australia (specify country): _____ ◯ Don't know ◯ Prefer not to answer	◯ Year started: _____ ◯ Age started: _____ ◯ Don't know ◯ Prefer not to answer
Ages 14-19	City: _____ State: _____ Postcode: _____ ◯ Lived outside of Australia (specify country): _____ ◯ Don't know ◯ Prefer not to answer	◯ Year started: _____ ◯ Age started: _____ ◯ Don't know ◯ Prefer not to answer
Before age 14	City: _____ State: _____ Postcode: _____ ◯ Lived outside of Australia (specify country): _____ ◯ Don't know ◯ Prefer not to answer	◯ Year started: _____ ◯ Age started: _____ ◯ Don't know ◯ Prefer not to answer

Section B: Screening and Surgeries

Screening

The next questions ask about breast cancer screening

B1: Have you ever had a mammogram

- ◯ Yes
- ◯ No (Go to question B4)
- ◯ Don't know (Go to question B4)

B2: How old were you when you had your first mammogram?

- ◯ _____ years
- ◯ Don't know

B3: How old were you when you had your most recent mammogram?

- ◯ _____ years
- ◯ Don't know

B4: Have you ever had a breast MRI, which is magnetic resonance imaging of the breast?

- ◯ Yes
- ◯ No (Go to question B7)
- ◯ Don't know (Go to question B7)

B5: How old were you when you had your first breast MRI?

- ◯ _____ years
- ◯ Don't know

B6: How old were you when you had your most recent breast MRI?

- ◯ _____ years
- ◯ Don't know

Benign Breast Disease

The next questions ask about breast biopsies and benign breast disease.

B7: Have you ever had a breast biopsy?

- ◯ Yes
- ◯ No (Go to question B13)

B8: How many breast biopsies have you had, regardless of result?

- ◯ _____ biopsies
- ◯ Don't know

B9: Have you ever had a breast biopsy resulting in a diagnosis of benign or non-cancerous breast disease, such as lobular carcinoma *in situ* (LCIS), atypical ductal hyperplasia (ADH), or fibroadenoma?

- ◯ Yes
- ◯ No (Go to question B13)
- ◯ Don't know

B10: How many breast biopsies have you had that resulted in a diagnosis of benign or non-cancerous breast disease, such as lobular carcinoma *in situ* (LCIS), atypical ductal hyperplasia (ADH), or fibroadenoma?

- ◯ _____ biopsies
- ◯ Don't know

B11: For your first (second, third, etc) breast biopsy that resulted in a diagnosis of benign or non-cancerous breast disease, what type of benign breast disease did you have?

select all that apply

- ☐ Lobular carcinoma *in situ*
- ☐ Atypical ductal hyperplasia (ADH)
- ☐ Hyperplasia with no atypia
- ☐ Radiation or chemotherapy
- ☐ Fibroadenoma
- ☐ Other (specify): _____
- ☐ Don't know

B12: For your first breast biopsy that resulted in a diagnosis of benign or non-cancerous breast disease, how old were you when you were diagnosed?

- ◯ _____ years
- ◯ Don't know

Surgeries

The next questions ask about surgical removal of breasts, ovaries, uterus and fallopian tubes.

B13: Have you ever had a mastectomy, which is the complete removal of one or both breasts?

- ◯ Yes
- ◯ No (Go to question A19)

B14: Which breast was removed?

- ◯ Right only (Go to questions A15 and A16)
- ◯ Left only (Go to questions A17 and A18)
- ◯ Both

If your <u>right</u> breast was removed

B15: At what age was your right breast removed?

- ◯ _____ years
- ◯ Don't know

B16: Why was your right breast removed?

- ◯ To treat breast cancer in my right breast
- ◯ To prevent getting cancer in my right breast
- ◯ Other (specify): _____

If your <u>left</u> breast was removed

B17: At what age was your left breast removed?

- ◯ _____ years
- ◯ Don't know

B18: Why was your left breast removed?

- ◯ To treat breast cancer in my left breast
- ◯ To prevent getting cancer in my left breast
- ◯ Other (specify): _____

B19: Have you ever had one or both ovaries removed?

- ◯ Yes
- ◯ No (Go to question A25)
- ◯ Don't know (Go to question A25)

B20: Did you have one or both ovaries removed?

- ◯ One
- ◯ Both
- ◯ Don't know (Go to question A25)

B21: At what age was your first ovary removed?

- ◯ _____ years
- ◯ Don't know

B22: Why was your first ovary removed?

select all that apply

- ☐ To treat ovarian cancer
- ☐ To prevent cancer in that ovary
- ☐ As part of treatment for breast cancer
- ☐ As part of prevention of breast cancer
- ☐ Non-cancerous condition (endometriosis, non-cancerous cyst)
- ☐ Other (specify): _____
- ☐ Don't know

If <u>both</u> ovaries were removed

B23: At what age was your second ovary removed?

- ◯ _____ years
- ◯ Don't know

B24: Why was your second ovary removed?

select all that apply

- ☐ To treat ovarian cancer
- ☐ To prevent cancer in that ovary
- ☐ As part of treatment for breast cancer
- ☐ As part of prevention of breast cancer
- ☐ Non-cancerous condition (endometriosis, non-cancerous cyst)
- ☐ Other (specify): _____
- ☐ Don't know

B25: Have you ever had your uterus removed, also known as a hysterectomy?

- ◯ Yes
- ◯ No (Go to question A28)
- ◯ Don't know (Go to question A28)

B26: At what age was your uterus removed?

- ◯ _____ years
- ◯ Don't know

B27: Why was your uterus removed?

select all that apply

- ☐ To treat uterine cancer
- ☐ To prevent cancer in the uterus
- ☐ As part of treatment for cervical cancer
- ☐ As part of treatment for ovarian cancer
- ☐ Non-cancerous condition (endometriosis, fibroid tumour, bleeding)
- ☐ Other (specify): _____
- ☐ Don't know

B28: Have you ever had one or both of your fallopian tubes removed?

- ◯ Yes – one tube removed
- ◯ Yes – both tubes removed
- ◯ No (Go to section C)
- ◯ Don't know (Go to section C)

B29 At what age was your first fallopian tube removed?

- ◯ _____ years
- ◯ Don't know

B30: At what age was your second fallopian tube removed?

- ◯ _____ years
- ◯ Don't know

B31: Why was/were your fallopian tube(s) removed?

select all that apply

- ☐ To prevent cancer
- ☐ To treat a cancer (ovarian, uterine, fallopian tube)
- ☐ Non-cancerous condition (endometriosis, ovarian cyst)
- ☐ Ectopic pregnancy
- ☐ Contraception
- ☐ Other (specify): _____
- ☐ Don't know

Section C: Reproductive History

Pregnancies

C1: Have you ever been pregnant?

- ◯ Yes
- ◯ No (Go to question C5)
- ◯ Don't know (Go to question C5)

C2: Are you currently pregnant?

- ◯ Yes
- ◯ No
- ◯ Don't know

C3: How many pregnancies have you had in total? Please include your current pregnancy, if applicable.

_____ pregnancies

C4: For each pregnancy, please fill in the column(s) below:

(table displays for number of pregnancies indicated in Question C3)

	PREGNANCY 1	PREGNANCY 2
How long was this pregnancy?	◯ 3 months or less ◯ 4 to 6 months ◯ 7 months or more ◯ Don't know	◯ 3 months or less ◯ 4 to 6 months ◯ 7 months or more ◯ Don't know
What was the outcome of this pregnancy?	◯ Currently pregnant ◯ Live birth ◯ Stillbirth ◯ Miscarriage or spontaneous abortion ◯ Tubal pregnancy ◯ Induced abortion ◯ Don't know	◯ Currently pregnant ◯ Live birth ◯ Stillbirth ◯ Miscarriage or spontaneous abortion ◯ Tubal pregnancy ◯ Induced abortion ◯ Don't know
Did you experience any of the following? *select all that apply*	☐ High blood pressure (hypertension) ☐ Gestational diabetes ☐ Pre-eclampsia or eclampsia ☐ None of these conditions ☐ Don't know	☐ High blood pressure (hypertension) ☐ Gestational diabetes ☐ Pre-eclampsia or eclampsia ☐ None of these conditions ☐ Don't know
What was the birth date of the baby (babies)?	___/___/___ mm/ dd/ yyyy	___/___/___ mm/ dd/ yyyy

What was the sex of the baby (babies)?	___ number of boys ___ number of girls	___ number of boys ___ number of girls
What was the birth weight of the baby (babies)? *If multiple births, please write all the babies' weights on the line separated by commas.*	◯ Less than 2.5 kg ◯ 2.5 - 3.1 kg ◯ 3.2 - 3.8 kg ◯ 3.9 - 4.4 kg ◯ Greater than or equal to 4.5 kg ◯ Multiple babies _____ ◯ Don't know	◯ Less than 2.5 kg ◯ 2.5 - 3.1 kg ◯ 3.2 - 3.8 kg ◯ 3.9 - 4.4 kg ◯ Greater than or equal to 4.5 kg ◯ Multiple babies _____ ◯ Don't know
How much weight did you gain during pregnancy?	◯ 0-4 kg ◯ 5-8 kg ◯ 9-13 kg ◯ 14-17 kg ◯ 18-22 kg ◯ Greater than or equal to 23 kg ◯ Lost weight ◯ Don't know	◯ 0-4 kg ◯ 5-8 kg ◯ 9-13 kg ◯ 14-17 kg ◯ 18-22 kg ◯ Greater than or equal to 23 kg ◯ Lost weight ◯ Don't known
Did you breast feed this baby (babies)?	◯ Yes ◯ No ◯ Don't know	◯ Yes ◯ No ◯ Don't know
For how many months did you breast feed this baby (babies)?	◯ Less than 1 month ◯ 1 to 5 months ◯ 6 to 11 months ◯ 12 to 23 months ◯ 24 months or longer ◯ Don't know	◯ Less than 1 month ◯ 1 to 5 months ◯ 6 to 11 months ◯ 12 to 23 months ◯ 24 months or longer ◯ Don't know
Was this baby (babies) ever breastfed directly at the breast?	◯ Yes ◯ No ◯ Baby (babies) refused ◯ Don't know	◯ Yes ◯ No ◯ Baby (babies) refused ◯ Don't know
How old was this baby (babies) when he/she started feeding at the breast?	___ days ___ weeks ___ months	___ days ___ weeks ___ months
How old was this child when he/she completely stopped feeding at the breast?	___ days ___ weeks ___ months	___ days ___ weeks ___ months

COPY TABLE AS MANY TIMES AS NEEDED FOR THE NUMBER OF PREGNANCIES FROM QUESTION B3

Fertility

The next questions are about your fertility

C5: Have you ever tried to become pregnant for one year or longer without success?

- ◯ Yes
- ◯ No

C6: Are you currently trying to become pregnant?

- ◯ Yes
- ◯ No (Go to question C8)

C7: For how many months have you been trying to become pregnant?

- ◯ <1 month
- ◯ 1-25 months (specify): ____
- ◯ >25 months
- ◯ Don't know

C8: Have you or your current partner ever been given a diagnosis of 'infertility'?

- ◯ Yes
- ◯ No (Go to question C10)

C9: Please specify the cause of infertility:

- ◯ Male infertility
- ◯ Female infertility
- ◯ Cause not investigated
- ◯ Cause investigated but not found
- ◯ Don't know

C10: Have you ever taken a prescription for infertility?

- ◯ Yes
- ◯ No (Go to question C12)
- ◯ Don't know (Go to question C12)

C11: What medications for infertility did you take?

Select all that apply

- ☐ Bravelle (follicle stimulating hormone)
- ☐ Lutrepulse (GRH)
- ☐ Cetrotide (gonadotropin-releasing hormone antagonist)
- ☐ Menopur (HMG)
- ☐ Clomid (clomiphene citrate)
- ☐ Novarel (human chorionic gonadotropin)
- ☐ Crinone (progesterone)
- ☐ Ovidrel (HCG)
- ☐ Dostinex (prolactin reducing)
- ☐ Parlodel (prolactin reducing)
- ☐ Factrel (gonadotropin-releasing hormone)
- ☐ Pergonal (HMG)
- ☐ Femara (Letrozole)
- ☐ Pregnyl (HCG)
- ☐ Fertinex (follicle stimulating hormone)

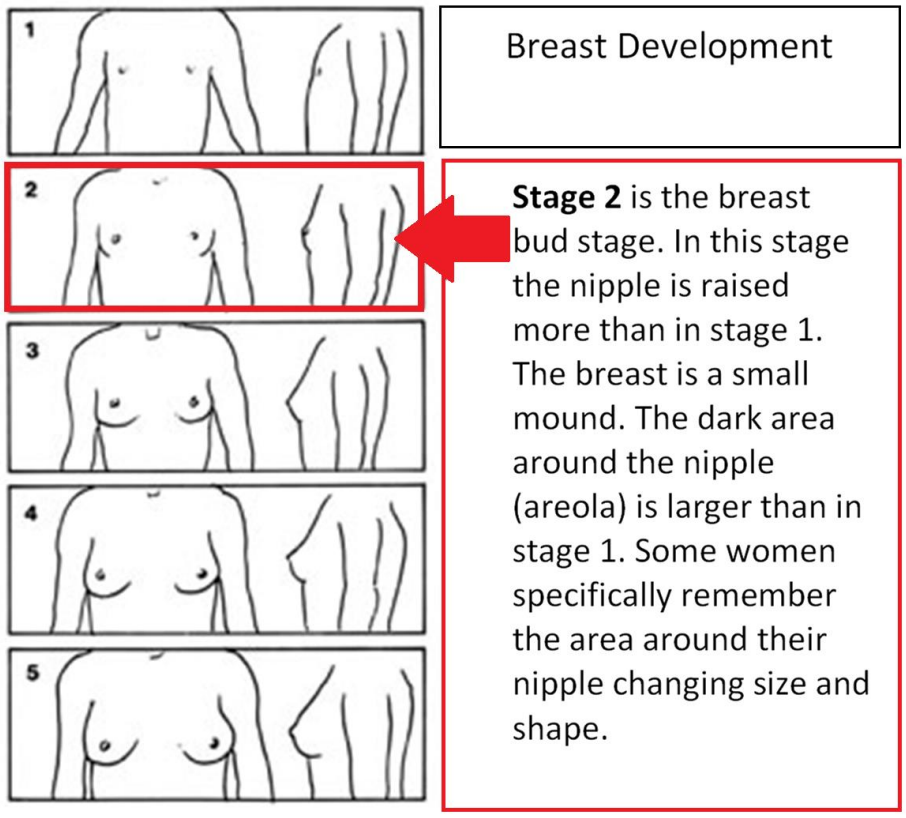
- ☐ Profasi
- ☐ Follistim (follicle stimulating hormone)
- ☐ Prometrium (progesterone)
- ☐ Ganirelex Acetate (GRHA)
- ☐ Repronex (HMG)
- ☐ Gonal-F (FSH)
- ☐ Serophene (clomiphene citrate)
- ☐ Humegon (human menopausal gonadotropin)
- ☐ Zoladex (GRHA)
- ☐ Lupron (leuprolide acetate)
- ☐ Diphereline (triptorelin)
- ☐ Elonva (FSH)
- ☐ Endometrin (progesterone)
- ☐ Lucrin (GnRH analogue)
- ☐ Luveris (luteinising hormone)
- ☐ Orgalutron (GRHA)
- ☐ Oripro (progesterone)
- ☐ Puregon (FSH)
- ☐ Synarel (GnRH analogue)
- ☐ Utrogestan (progesterone)
- ☐ Vekovelle (FSH)
- ☐ Other (Specify): _____

Puberty, Menstruation, and Menopause

These next questions ask about your pubertal development such as breast development and menstrual periods.

C12: How old were you when breast development began, indicated by Stage 2 in the picture below?

Choose <u>one</u> of your preferred formats to answer: age start or grade in school



- ◯ Don't know
- ◯ Age:
  - ◯ 5-20 years old (specify): _____
  - ◯ Over 20 years old
- ◯ Grade:
  - ◯ Grade 1-12 (specify): _____

- ◯ After high school

C13: How old were you when you had your first period?

Choose <u>one</u> of your preferred formats to answer: age start or grade in school

- ◯ Never had a period
- ◯ Don't know
- ◯ Age:
  - ◯ Under five years old
  - ◯ 5-20 years old (specify): _____
  - ◯ Over 20 years old
- ◯ Grade:
  - ◯ Grade 1-12 (specify): _____
  - ◯ After high school

C14: How long after your first menstrual period did your periods become regular? Regular means you could predict within a few days when your period would start. Please exclude times you were taking hormonal methods of birth control for any reason.

- ◯ Under 1 year
- ◯ 1 year
- ◯ 2 years
- ◯ 3 years
- ◯ 4 years
- ◯ Never regular
- ◯ Don't know (always on birth control or other reasons)

C15: Have you ever had infrequent or irregular menstruation?

- ◯ Yes
- ◯ No (Go to question C18)
- ◯ Don't know (Go to question C18)

C16: How old were you when this infrequent or irregular menstruation started?

- ◯ <18
- ◯ 18-24
- ◯ 25-30
- ◯ 31-35
- ◯ 36-39
- ◯ >39
- ◯ Don't know

C17: Did you ever see a medical provider about this problem?

- ◯ Yes
- ◯ No
- ◯ Don't know

C18: Have you ever had painful menstruation?

- ◯ Yes
- ◯ No (Go to question C21)
- ◯ Don't know (Go to question C21)

C19: How old were you when this painful menstruation started?

- ◯ <18
- ◯ 18-24
- ◯ 25-30
- ◯ 31-35
- ◯ 36-40
- ◯ 41-45
- ◯ >45
- ◯ Don't know

C20: Did you ever see a medical provider about this problem?

- ◯ Yes
- ◯ No
- ◯ Don't know

C21: Please fill in the table below for birth control method(s). Please select <u>all</u> options that apply. If you have never used birth control, select 'None'.

Which of the following birth control method(s) have you used in the past or currently?	At what age did you start? (years)	Approximately how long did you use the birth control methods? (months or years)
☐ Pill (specify name) _____	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking
☐ Patch (Ortho Evra or Xulane)	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking

☐ Shot/Injection (Depo-Provera – DMPA)	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking
☐ Implant (Implanon or Nexplanon)	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking
☐ Hormonal IUD (e.g., Mirena, Skula, Kyleena)	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking
☐ Non-hormonal IUD (ParaGard)	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking
☐ Ring (NuvaRing)	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking

☐ Other (specify): _____	◯ <15 years old ◯ 15-35 (specify): ___ years old ◯ >35 years old ◯ Don't know	◯ Months: ◯ 0-20 (specify): ___ months ◯ Over 20 months ◯ Years: ◯ 0-20 (specify): ___ years ◯ Over 20 months ◯ Not applicable ◯ Still presently taking
☐ None		

C22: Have you had a menstrual period in the last 12 months?

◯ Yes
◯ No (Go to question C28)
◯ Don't know (Go to question C29)

C23: How many menstrual periods have you had in the last 12 months?

◯ 1-3
◯ 4-6
◯ 7-10
◯ 11-14
◯ Greater than 14
◯ Don't know

C24: What was the date your last menstrual period began?

____/____/____ MM-DD-YYYY

C25: On average, during the last 12 months, how many days were there in your typical menstrual cycle (from the beginning of bleeding of one menstrual cycle to the beginning of the bleeding of the next cycle)?

◯ Fewer than 21 days
◯ 21-25 days
◯ 26-32 days
◯ 33-35 days
◯ 36-60 days
◯ 61-90 days
◯ More than 90 days
◯ Too variable to say
◯ Don't know

C26: During the last 12 months, did your menstrual period usually start within 4 days of the day you expected it to start? By 'usually' we mean for at least half of the time.

◯ Yes
◯ No
◯ Don't know

C27: Was there a time you went for 60 days or longer without getting your period (and you were not pregnant or breastfeeding)?

- ◯ Yes
- ◯ No (Go to question C29)
- ◯ Don't know (Go to question C29)

C28: Why did your periods stop?

check all that apply

- ☐ Natural menopause (periods stopped by themselves)
- ☐ Hysterectomy (womb or uterus removed)
- ☐ Both ovaries removed
- ☐ Radiation or chemotherapy
- ☐ Strenuous exercise
- ☐ Illness
- ☐ Pregnancy
- ☐ Hormonal birth control (contraceptive pills, IUDs, injections, implants etc)
  - ➢ How old were you when you stopped hormonal birth control?
    - ◯ ____ years old
    - ◯ I am still using this method.
- ☐ Breastfeeding
- ☐ Other (please specify) _____
- ☐ Don't know

C29: The following questions ask about common problems which affect women from time to time. Please indicate if you have experienced any of the following:

	Yes	No	Don't know
Night sweats	◯	◯	◯
Vaginal dryness	◯	◯	◯
Hot flashes or flushes	◯	◯	◯
More irritability or grouchiness than usual	◯	◯	◯

C30: In the <u>past two weeks</u>, how many days did you experience this problem?

	Not at all	1-5 days	6-8 days	9-13 days	Every day	Don't know
Night sweats	◯	◯	◯	◯	◯	◯
Vaginal dryness	◯	◯	◯	◯	◯	◯
Hot flashes or flushes	◯	◯	◯	◯	◯	◯
More irritability or grouchiness than usual	◯	◯	◯	◯	◯	◯

C31: Have you ever used oestrogen, progesterone, or other hormonal medications for menopausal symptoms, that is, prescriptions hormone replacement therapy or HRT? Please include pills, injections, or skin patches, but do not include products inserted into the vagina.

- ◯ Yes
- ◯ No
- ◯ Don't know

C32: Are you currently taking hormone replacement therapy? Please do not include hormone treatment for cancer, birth control, or fertility treatments.

- ◯ Yes
- ◯ No (Go to section D)
- ◯ Don't know (Go to section D)

C33: How long have you taken hormone replacement therapy?

- ◯ Less than 6 months
- ◯ 6-12 months
- ◯ 1-2 years
- ◯ 2-5 years
- ◯ 5-10 years
- ◯ 10-20 years
- ◯ Over 30 years
- ◯ Don't know

C34: What type of hormone replacement therapy did you take during that time?

select all that apply

- ☐ Oestrogen only (e.g., Premarin, Estraderm Progynova)
- ☐ Combined progesterone and estrogen, such as patches or tablets (e.g., Kliovance, Estalis Trisequens, Prempro)
- ☐ Combination of separate progesterone and estrogen, such as tablets, patches, or IUDs (e.g., Mirena + Premarin, Provera + Progynova)
- ☐ Synthetic oestrogen, progensterone, and androgen (testosterone) (e.g., Tibolone, Livial, Xyvion)
- ☐ Other, (please specify): _____
- ☐ Don't know

Section D: Medical History

Personal Medical History

The next questions are about health conditions you may have been diagnosed with by a doctor.

D1: Please fill in the table below for endocrine disorders.

	Have you ever been diagnosed by a doctor?	When were you first diagnosed? (Age or years)	Did you take medication for this condition?
Diabetes	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Diabetes only during pregnancy (gestational diabetes)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Type 1 diabetes (insulin is prescribed for me)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Type 2 diabetes (insulin is NOT prescribed for me)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Thyroid discorder	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Hyper thyroidism or Graves' disease (increased thyroid activity)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Hypothyroidism (decreased thyroid activity) requiring medications	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Hashimoto's thyroiditis (inflammation of the thyroid gland)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Hyperparathyroidism (increase in parathyroid hormone in the blood)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Polycystic ovary syndrome or PCOS	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Hirstuitism (excess body hair)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Osteoporosis (thin bones)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D2: Please fill in the table below for <u>gynaecologic conditions</u>.

	Have you ever been diagnosed by a doctor?	When were you first diagnosed? (Age or years)	Did you take medication for this condition?
Endometriosis	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Endometriosis confirmed by surgery	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Uterine fibroids (benign growth in uterus)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
HPV or human papillomavirus (detected by PAP smear)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D3: Please fill in the table below for <u>psychological conditions</u>.

	Have you ever been diagnosed by a doctor?	When were you first diagnosed? (Age or years)	Did you take medication for this condition?
Clinical depression	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Anxiety disorder	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D4: Please fill in the table below for <u>cancers</u>.

	Have you ever been diagnosed by a doctor?	When were you first diagnosed? (Age or years)	Did you take medication for this condition?
Breast cancer	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Ovarian cancer	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Uterine cancer	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Cervical cancer	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Colorectal cancer	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Lung cancer	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Sarcoma	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Leukaemia	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Other cancer (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D5: Please fill in the table below for <u>autoimmune disorders</u>.

	Have you ever been diagnosed by a doctor?	**When were you first diagnosed? (Age or years)**	**Did you take medication for this condition?**
Lupus (inflammatory disease caused when the immune system attacks its own tissues	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Rheumatoid arthritis	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Celiac disease	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D6: Please fill in the table below for <u>infectious conditions</u>.

	Have you ever been diagnosed by a doctor?	**When were you first diagnosed? (Age or years)**	**Did you take medication for this condition?**
Pelvic inflammatory disease (PID)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Tonsilitis or strep throat	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Infectious mononucleosis (Mono)	◯ Yes ◯ No ◯ Don't know	◯ Age: ____ years ◯ Year: ____years ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D7: Please fill in the table below for medications

	Have you ever taken this medication at least 2 times <u>per week</u> for one month or longer?	**In total, how long did you take this medication at least 2 times <u>per week</u>?**	**During this period, on average, how many times per weeks did you take this medication? (For example, twice a day is 14 times per week)**	**Are you currently taking this medication at least two times per week?**
Regular strength Aspirin (325mg) (Anacin, Bufferin, Excedrin)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Low dose Aspirin / Baby Aspirin (81mg)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Acetaminophen (Tylenol, Anacin-3, Panadol, Aspirin Free Excedrin)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Non-steroidal anti-inflammatory medications such as ibuprofen, indomethacin, naproxen, mefenamic acid, or diclofenac (Advil, Aleve, Motrin, Nuprin, Indocin, Naprosyn, Medipren etc.)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Cox-2 inhibitor (Celebrex, meloxicam, or etoricoxib Vioxx, Bextra, Valdecoxib, Elecoxib, Celecoxib, and Rofecoxib.)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D8: Have you ever taken any other pain or anti-inflammatory medications at least two times per week for one month or longer?

◯ Yes
◯ No (Go to question D9)
◯ Don't know (Go to question D9)

D9: Please fill in the table below for other pain or anti-inflammatory medications

Please list any other pain or anti-inflammatory medications that you took at least two times per week for one month or longer in the cell. If you do not know the name, please write 'Unknown'.	**Have you ever taken this medication at least 2 times <u>per week</u> for one month or longer?**	**In total, how long did you take this medication at least 2 times <u>per week</u>?**	**During this period, on average, how many times per weeks did you take this medication? (For example, twice a day is 14 times per week)**	**Are you currently taking this medication at least two times per week?**
Medication 1 (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Medication 2 (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Medication 2 (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Medication 4 (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Medication 5 (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

D10: Have you ever taken any medications to prevent or treat osteoporosis (loss of bone strength)?

◯ Yes
◯ No (Go to question D16)
◯ Don't know (Go to question D16)

D11: Which medication(s) did you take to prevent or treat osteoporosis?
select all that apply

☐ Alendronate (Fosamax)
☐ Risendronate (Actonel)
☐ Ibandronate (Boniva)
☐ Zolendronic Acid (Aclasta, Reclast)
☐ Denosumab (Prolia, Xgeva)
☐ Raloxifene (Evista)
☐ Other, (please specify): _____
☐ Don't know

D12: In total, for how many months or years have you taken these medications?

◯ ___ months
◯ ___ years
◯ Don't know

D13: How old were you when you first started taking any of these medications to prevent or treat osteoporosis?

◯ Less than 20 years old
◯ Over 20 years old (specify): ____
◯ Don't know

D14: Are you currently taking any of these medications to prevent or treat osteoporosis?

◯ Yes (Go to question D15)
◯ No
◯ Don't know (Go to question D15)

D15: At what age did you stop taking these medications?

- ◯ Less than 20 years old
- ◯ 20-45 years old (specify): ____
- ◯ Over 45 years old
- ◯ Don't know

Supplements and Alternative Therapies

These questions are about your regular use of vitamins. We are only interested in vitamins you took at least <u>two times per week for one month or longer</u>.

D16: Have you ever taken any of the following vitamins at least two times per week for one month or longer?

Multivitamin
Vitamin A
Vitamin B complex
Vitamin C
Vitamin D
Vitamin E
Calcium
Folic Acid
Other

- ◯ Yes
- ◯ No (Go to question D18)
- ◯ Don't know (Go to question D18)

D17: Please fill in the table below for regular use of vitamins

	Have you ever taken this medication at least 2 times per week for one month or longer?	**In total, how long did you take this medication at least 2 times per week?**	**During this period, on average, how many times per weeks did you take this medication? (For example, twice a day is 14 times per week)**	**Are you currently taking this medication at least 2 times per week?**
Multivitamin	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Vitamin A	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Vitamin B complex	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Vitamin C	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Vitamin D	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Vitamin E	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Calcium	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Folic Acid	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Other (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

The next question are about your regular use of herbal preparations. We are only interested in herbal preparations you took at least <u>two times per week for one month or longer</u>.

D18: Have you ever taken any of the following herbal preparations at least two times per week for one month or longer?

Soy oestrogen pills
Dong quai (such as Rejuvex)
Natural progesterone cream or wild yam cream
Black cohosh (such as Remifemin)
Flaxseed or linseed oil
CoQ10
Echinacea
Gingko biloba
Ginseng
Omega-3 fish oils
Glucosamine chondroitin
Green tea
St. John's Wort
Probiotics
Other

◯ Yes
◯ No (Go to section E)
◯ Don't know (Go to section E)

D19: Please fill in the table below for regular use of herbal preparations

	Have you ever taken this medication at least 2 times <u>per week</u> for one month or longer?	**In total, how long did you take this medication at least 2 times <u>per week</u>?**	**During this period, on average, how many times per weeks did you take this medication? (For example, twice a day is 14 times per week)**	**Are you currently taking this medication at least 2 times per week?**
Soy oestrogen pills	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Dong quai (such as Rejuvex)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Natural progesterone cream or wild yam cream	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Black cohosh (such as Remifemin)	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Flaxseed or linseed oil	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
CoQ10	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Echinacea	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Gingko biloba	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Ginseng	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Omega-3 fish oils	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Glucosamine chondroitin	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Green tea	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

St. John's Wort	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Probiotics	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know
Other (specify): _____	◯ Yes ◯ No ◯ Don't know	◯ Less than 1 year ◯ 1 year ◯ 2 years ◯ 3-4 years ◯ 5-9 years ◯ 10 years or longer ◯ Don't know	◯ 1-5 times per week ◯ 6-10 times per week ◯ 11-15 times per week ◯ 16-20 times per week ◯ 21-25 times per week ◯ 26-30 times per week ◯ More than 30 times per week ◯ Don't know	◯ Yes ◯ No ◯ Don't know

Section E: Lifestyle (Alcohol and Tobacco)

Alcohol

The next questions ask about your intake of alcohol and tobacco.

E1: Have you ever consumed any alcoholic beverages, such as beer, wine, or spirits at least once per weeks for 6 months or longer?

- ◯ Yes
- ◯ No (Go to question E7)

E2: At what age did you first start drinking alcoholic beverages at least once per week for 6 months or longer?

- ◯ Less than 15 years old
- ◯ 15-40 years old (specify): _____
- ◯ More than 40 years old
- ◯ Don't know

E3: For how many years did you consume alcohol at least once per week?

- ◯ Less than 1 year
- ◯ 1-20 years (specify): _____
- ◯ More than 20 years
- ◯ Don't know

E4: Are you currently drinking alcohol at least once per week?

- ◯ Yes (Go to question E6)
- ◯ No

E5: At what age did you stop consuming alcohol at least once per week?

- ◯ Less than 18 years old
- ◯ 18-50 years old (specify): _____
- ◯ More than 50 years old
- ◯ Don't know

E6: When you consume(d) alcohol at least once per week, how much of each beverage do/did you usually drink?

	None or never	Less than 1 per week	1-2 per week	3-4 per week	5-7 per week	8-14 per week	15 or more per week	Don't know
Beer (1 drink= 1 bottle, can, or glass)	◯	◯	◯	◯	◯	◯	◯	◯
Wine, champagne (1 drink= 1 glass)	◯	◯	◯	◯	◯	◯	◯	◯
Cocktails, Liquor (1 drink= 1 cocktail, shot, or mixed drink)	◯	◯	◯	◯	◯	◯	◯	◯
Other type (1 drink). Please specify: _____	◯	◯	◯	◯	◯	◯	◯	◯

The next questions concern drinking alcoholic beverages in a single sitting during certain time periods over your lifetime.

E7: Have you ever consumed 4 or more alcoholic beverages within a two-hour period, such as beer, wine, or liquor?

◯ Yes
◯ No (Go to question E10)

E8: During the age ranges below, did you ever drink 4 or more alcoholic beverages within a two-hour period?

	Yes	No	Don't know
Teens (age 10-19)	◯	◯	◯
20's (age 20-29)	◯	◯	◯
30's (age 30-39)	◯	◯	◯

E9: About how many times did you drink 4 or more alcoholic beverages within a two-hour period during those years?

	Times per week	Times per month	Times per year	Total number of times
Teens (age 10-19)	◯ 1-7 times (specify): _____ ◯ More than 7 times ◯ Don't know	◯ 1-20 times (specify): _____ ◯ More than 20 times ◯ Don't know	◯ 1-20 times (specify): _____ ◯ More than 20 times ◯ Don't know	◯ Less than 5 ◯ 5-10 ◯ 11-15 ◯ 16-20 ◯ 21-25 ◯ 26-30 ◯ 31-35 ◯ 36-40 ◯ 41-45 ◯ 46-50 ◯ More than 50 times ◯ Don't know

20's (age 20-29)	◯ 1-7 times (specify): _____ ◯ More than 7 times ◯ Don't know	◯ 1-20 times (specify): _____ ◯ More than 20 times ◯ Don't know	◯ 1-20 times (specify): _____ ◯ More than 20 times ◯ Don't know	◯ Less than 5 ◯ 5-10 ◯ 11-15 ◯ 16-20 ◯ 21-25 ◯ 26-30 ◯ 31-35 ◯ 36-40 ◯ 41-45 ◯ 46-50 ◯ More than 50 times ◯ Don't know
30's (age 30-39)	◯ 1-7 times (specify): _____ ◯ More than 7 times ◯ Don't know	◯ 1-20 times (specify): _____ ◯ More than 20 times ◯ Don't know	◯ 1-20 times (specify): _____ ◯ More than 20 times ◯ Don't know	◯ Less than 5 ◯ 5-10 ◯ 11-15 ◯ 16-20 ◯ 21-25 ◯ 26-30 ◯ 31-35 ◯ 36-40 ◯ 41-45 ◯ 46-50 ◯ More than 50 times ◯ Don't know

Smoking

The next questions ask about your consumption of tobacco.

E10: In the past 10 years, did you ever smoke at least 1 cigarette per day?

◯ Yes
◯ No (Go to question E16)

E11: At what age did you <u>first</u> start smoking at least 1 cigarette per day?

◯ Less than 15 years old
◯ 15-40 (specify): ____ years old
◯ More than 40 years old
◯ Don't know

E12: For how many years in total have you smoked at least 1 cigarette per day?

◯ Less than 1 year
◯ 1-20 (specify): ____ years
◯ More than 20 years
◯ Don't know

E13: When you smoke(d) at least 1 cigarette per day, how many cigarettes do (did) you usually smoke in a day? (Note: 1 pack = 20 cigarettes)

- ◯ Less than half a pack
- ◯ Half a pack to 1 pack
- ◯ More than 1 pack
- ◯ Don't know

E14: Are you currently smoking at least 1 cigarette per day?

- ◯ Yes (Go to question E16)
- ◯ No

E15: At what age did you stop smoking at least 1 cigarette per day?

- ◯ Less than 15 years old
- ◯ 15-40 years old (specify): _____
- ◯ More than 40 years old
- ◯ Don't know

The following questions are about your use of hookah and electronic cigarettes

The next question asks about smoking tobacco in a hookah. A hookah is a type of water pipe.

E16: Have you ever smoked tobacco in a hookah in your entire life?

- ◯ Yes
- ◯ No (Go to question E19)

E17: How old were you when you first smoked a hookah even if only one or two puffs? Please do not include cigarettes in your answer.

- ◯ Less than 15 years old
- ◯ 15-40 years old (specify): _____
- ◯ More than 40 years old
- ◯ Don't know

E18: How often do you now smoke tobacco in a hookah?

- ◯ Every day
- ◯ Some days
- ◯ Rarely
- ◯ Not at all

The next set of questions are about electronic cigarettes. Electronic cigarettes, or e-cigarettes as they are often called, are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco. The headed vapour produced by an electronic cigarette often contains nicotine.

E19: Have you ever used an electronic cigarette, even just one time in your lifetime?

- ◯ Yes
- ◯ No (Go to Section F)

E20: Were any of the electronic cigarettes that you used in the past 30 days flavoured to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets?

- ◯ Yes
- ◯ No

E21: How old were you when you first smoked an electronic cigarette even if only one or two puffs? Please do not include regular cigarettes in your answer.

- ◯ Less than 15 years old
- ◯ 15-40 years old (specify): _____
- ◯ More than 40 years old
- ◯ Don't know

E22: How many times in total do you think you have used an electronic cigarette in your lifetime?

- ◯ 1-10
- ◯ 11-20
- ◯ 21-50
- ◯ Over 50 times
- ◯ Don't know

E23: How often do you now use electronic cigarettes?

- ◯ Every day
- ◯ Some days
- ◯ Rarely
- ◯ Not at all

Section F: Your Height and Weight

The following questions are about your height and weight. Please answer these questions in your preferred system of measurement: English (feet, inches, pounds, etc.) or Metric (meters, centimetres, kilograms, etc.)

F1: What is your current height?

☐ _____ feet _____ inches ☐ _____ meters _____ centimetres

F2: What is your current weight?

☐ _____ lb ☐ _____ kg

F3: What was your weight at age 18?

☐ _____ lb ☐ _____ kg

F4: What is the most you have ever weighed since age 18? (Do not include times when you are pregnant)

☐ _____ lb ☐ _____ kg

F5: Excluding times when you were pregnant or breast feeding, what was your usual weight when you were in your 20's and 30's (check 'Not applicable' if you have not yet reached that age)

In your 20's (20-29)

◯ Not applicable
◯ _____lb
◯ _____kg

In your 30's (30-39)

◯ Not applicable
◯ _____lb
◯ _____kg

F6: How many times in your life did you intentionally lose 4.5 or more kilograms/10 or more pounds? (Do not include times when you were pregnant or sick)

◯ None, or never
◯ 1-2
◯ 3-5
◯ 6-10
◯ More than 10 times

F7: How many times in your life have you regained as much as 4.5 or more kilograms/10 or more pounds that you previously have lost?

◯ None, or never
◯ 1-2
◯ 3-5
◯ 6-10
◯ More than 10 times

F8: What is the most weight you have ever lost on purpose in your life? (if none, select 0)

○ 0 lb	○ 0 kg
○ 1-5 lb	○ 1-2 kg
○ 6-10 lb	○ 3-4 kg
○ 11-20 lb	○ 5-9 kg
○ 21-30 lb	○ 10-13 kg
○ 31-40 lb	○ 14-18 kg
○ 41-50 lb	○ 19-22 kg
○ 51-60 lb	○ 23-27 kg
○ 61-70 lb	○ 28-31 kg
○ 71-80 lb	○ 32-36 kg
○ 81-90 lb	○ 37-40 kg
○ 91-100 lb	○ 41-45 kg
○ More than 100 lb	○ More than 45 kg
○ Don't know	○ Don't know

F9: What was your weight one year ago?

☐ _____ lb	☐ _____ kg

F10: Over the last year has your weight changed by 5 pounds (2.5 kg) or more, excluding a change due to pregnancy?

○ Yes
○ No (Go to question F13)

F11: Did you gain or lose weight?

check all that apply

☐ Gained weight
☐ Lost weight

F12: Was this weight change intentional or unintentional?

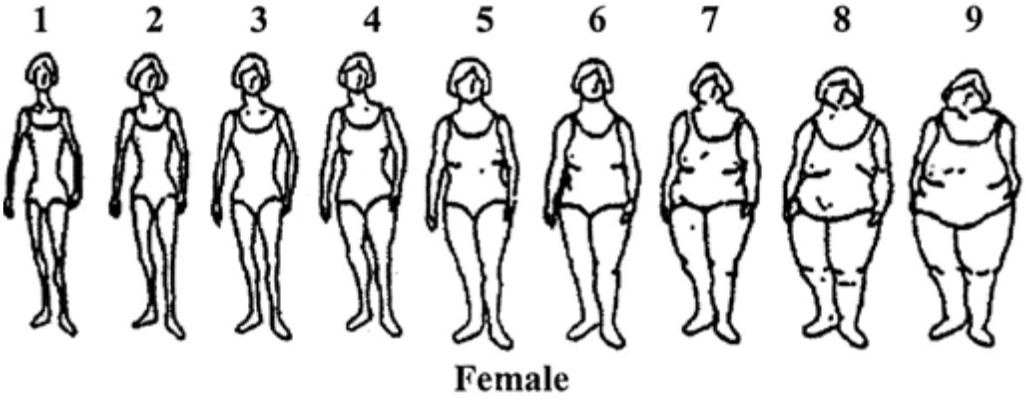
☐ Intentional weight gain
☐ Unintentional weight gain
☐ Intentional weight loss
☐ Unintentional weight loss

F13: When you gain weight, where on your body do you mostly add the weight?

○ Waist or upper body
○ Hips or upper thighs
○ Evenly over body
○ I don't gain weight

F14: Which of these pictures do you think best represents your body type at each age?

For each age, please select one answer. Select 'N/A' for 'Not applicable' if you have not yet reached that age.



	1	2	3	4	5	6	7	8	9	Don't know
Currently	○	○	○	○	○	○	○	○	○	○
At age 10	○	○	○	○	○	○	○	○	○	○
At age 15	○	○	○	○	○	○	○	○	○	○
At age 20	○	○	○	○	○	○	○	○	○	○
At age 25	○	○	○	○	○	○	○	○	○	○
At age 30	○	○	○	○	○	○	○	○	○	○
At age 35	○	○	○	○	○	○	○	○	○	○