CEECR
Cohorts for Environmental Exposures and Cancer Risks

CEECR Collaborative Questionnaire

Version 1 dated October 13, 2026
For External Collaborators

This document describes suggested CEECR cohort questionnaire items to increase feasibility of data sharing and collaboration. These questions assume that participants have already completed a screening questionnaire that collects information about their age (and/or date of birth) and place of residence to confirm eligibility. This document does not include questions to assist with contact tracking, for example, mailing address, phone number, and social security number. Please contact the CEECR Coordinating Center if you have questions about the questionnaire, are interested in collaborations with CEECR Investigators, or are interested in using this questionnaire in the development of your own survey tools.

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1) Questionnaire Modules by Sources of Exposure

Priority for inclusion in questionnaires: Priority 1 = Core (all should ask; highest priority); Priority 2 = Supplemental (most cohorts should ask; all cohorts are encouraged to include); Priority 3 = Supplemental (2 or more cohorts could ask if they want to collaborate on a particular area).

	Sources of Exposures (Section Number)								
Environmental Exposures of Interest	**Demo-graphics, Residential History, Age (2, 8, 9)**	**Water Source (3a)**	**Job/ Hobby (3b)**	**Home (3c)**	**Personal Care Products (4a)**	**Diet, Alcohol (4b, 4e)**	**Smoking (4c)**	**Health Habits, Medical History, Reproductive History (4d, 5a-d, 6)**	**Stress, Global Health (7)**
Overview *# priority 1 questions**	13 (7 demo.)	4	8	0	0	2 Alcohol	4	5	0
*# priority 2**	11 (6 demo.)	4	23	2	32	35 (4 Alcohol)	16	66	5
*# priority 3**	4 (2 demo.)	5	4	30	0	44 (4 Alcohol)	2	12	3
Avg. Time to complete P1 (Avg. Total time 8min 43 sec (7m42s – 10m55s))	2min 35sec (2m24s-2m49s)	35sec (32s-1m17s)	2min44sec (2m6s-3m20s)	0	0	31 sec (27s-36s)	36sec (30s-42s)	1min32sec (35s-2m28s)	0
*Total Questions**	28	13	35	32	28	81	22	83	8
PFAS	X: residence, housing	X: drinking water source, filters in home	X: chemical manufacturing, fire-fighting foam	X: cook ware, packaging, carpet, upholstery, clothing	X: ingredients in some cosmetics	X: fish (sport fish), breast feeding			
Pesticides	X	X: well water	X	X		X			
Pesticides - glyphosate		X: contaminated well water	X	X: fertilizers, herbicides		X			
Radon	X			X: air in home / mitigation systems					
Air Pollution	X		X	X					
Metals		X	X	X	X	X	X		
Metals - Cadmium		X: contamin-ated well water	X: metals	X: consumer products	X: ingredient in some cosmetics	X: cereals, vegetables (leafy greens), root vegetables, mollusks, crustaceans	X		
Personal Care Products					X				
Noise	X		X	X					
Phthalates & Plasticizers		X	X	X	X	X			
Phenolic Compounds		X: contaminated well water	X: petroleum, textiles, packaging, herbicide mfg, medications, food, fire retardants	X	X: parabens	X: BPA, EDCs / selected foods			
Aromatic Amines			X: cosmetics, textiles, plastics	X: pets	X: hair dye	X: well-cooked meat			

*This is a subset of the internal CEECR Collaborative Questionnaire

2) Where You've Lived

[2.1] Current residential address (Priority 1)

What is the address of your CURRENT PRIMARY RESIDENCE? (not a PO Box)

- Street _____
- City: _____
- State: _____
- Zip Code: _____

[2.2] Time at current address (Priority 1)

How many years have you lived in your CURRENT RESIDENCE?

- Less than one year OR |__|__| years
- Don't Know
- Decline to answer

Source: SEHS (similar to question in 10KFS)

[2.3] Age of home (Priority 2)

What is the approximate year your CURRENT RESIDENCE was built?

__ __ __ __

- Don't know
- Decline to answer

Source: SEHS (similar to STRIVE)

[2.4] Type of current residence (Priority 2)

Which of the following best describes your CURRENT RESIDENCE?

- Single family house
- Duplex, or multi-family house
- Townhouse, row house, apartment, or condominium building with up to four stories
- Apartment or condominium building with five or more stories
- Mobile home or trailer
- A room in an institution, such as a nursing home
- Another kind of residence
- Don't know
- Decline to answer

Source: 10KFS Questionnaire (similar to SEHS and MI-CARES)

[2.5-2.7] Longest held address and ages at the address (Priority 1)

Adulthood->

[2.5] What is the full street address of the residence where you lived the LONGEST as an ADULT (if not current residence)? Please fill in as much as you can remember.

- Street: _____
- City: _____
- State: _____
- County: _____
- Zip code: _____
- Don't know
- Decline to answer

[2.6] At what AGE or YEAR did you START living at this address:
- __ __ years old [Enter "00" if from birth] OR __ __ __ __year
- Don't know
- Decline to answer

[2.7] At what AGE or YEAR did you STOP living at this address:
- __ __ years old OR __ __ __ __year
- Don't know
- Decline to answer

Source: SEHS. Same as https://www.phenxtoolkit.org/protocols/view/10201?origin=search NIEHS

[2.8] Type of residence as an adult (Priority 3)

Which of the following best describes the residence where you lived longest as an adult?
- Single family house
- Duplex, or multi-family house
- Townhouse, row house, apartment, or condominium building with up to four stories
- Apartment or condominium building with five or more stories
- Mobile home or trailer
- A room in an institution, such as a nursing home
- Another kind of residence
- Don't know
- Decline to answer

Source: 10KFS

[2.9-2.11] Childhood address - longest residence as a child (Priority 2)

[2.9] Think back to your childhood, up to age 18. What is the address of the residence where you lived the LONGEST DURING YOUR CHILDHOOD? Please tell us as much as you can remember.
- Street: _____
- City: _____
- State: _____
- County: _____
- Zip code: _____
- Don't know
- Decline to answer

[2.10] At what age did you START living at this address?
- [Enter "00" if from birth] _ _ years old
- Don't know
- Decline to answer

[2.11] At what age did you STOP living at this address?
- _ _ years old
- Don't know
- Decline to answer

Source: SEHS https://www.niehs.nih.gov/research/clinical/studies/pegs/assets/external_exposome_survey_508.pdf (NIEHS)

[2.12] Type of residence during childhood (Priority 3)

Which of the following best describes the residence where you lived longest during your childhood?

- Single family house
- Duplex, or multi-family house
- Townhouse, row house, apartment, or condominium building with up to four stories
- Apartment or condominium building with five or more stories
- Mobile home or trailer
- A room in an institution, such as a nursing home
- Another kind of residence
- Don't know
- Decline to answer

Source: 10KFS

3) Your Environment

a. Drinking Water

[3.a.1] Primary Water Source at Home (Priority 1)

What is your current primary source of drinking water AT YOUR CURRENT RESIDENCE? (select one)

- Private Well
- Community Well
- City, Town or Other Public Water Supply
- Bottled Water
- Rain Water or Cistern
- Don't Drink Water
- Other, Specify
- Don't Know
- Decline to Answer

Source: Modification of NIEHS External Exposome Survey (used in SEHS study, similar to MI-CARES asking all sources)

[3.a.2] Water Filters at Home (Priority 1)

Do you use a filtering system (e.g. Brita, PUR, Culligan, etc.) not including water softening system AT YOUR CURRENT RESIDENCE?

- Yes
- No
- Don't Know
- Decline to Answer

Source: Modification per NIEHS External Exposome Survey (used in SEHS study, same as MI-CARES)

[3.a.3] Water Filter Type at Home (if water filter=yes, Priority 2)

Please select the type of water filter AT YOUR CURRENT RESIDENCE:

- Whole house carbon filter (GAC), or under the sink carbon filter
- Refrigerator filter, kitchen water filter, or pitcher such as Brita or Pur
- Reverse osmosis system

Source: Similar to 10KFS Adult Questionnaire

[3.a.4] Well Testing (Priority 2)

Has your well ever been tested?

- Yes
- No

Source: 10KFS Adult Questionnaire

[3.a.5] Well Testing – Contaminants (Priority 2)

Did the results from well testing indicate the presence of any contaminants?

- Arsenic
- Perfluoroalkyl Substances (PFAS)
- Lead
- Pesticides
- Microorganisms (e.g., bacteria, viruses)
- Other: _____

Source: 10KFS Adult Questionnaire

[3.a.6] Water Consumption at Home (Priority 2)

On average, how many glasses (i.e., 8 ounces) of water do you drink each day at home (including the water you use to make coffee, tea, and other beverages)?

- _____glasses
  or
- Less than one

Source: similar to MI-CARES (number) and 10KFS (categories).

[3.a.7] Water Source at Work (Priority 1)

What is your current primary source of drinking water AT WORK OR SCHOOL? (select one)

- Private Well
- Community Well
- City or town supply
- Bottled Water
- Rain Water or Cistern
- Don't Drink Water
- Other, Specify
- Don't Know
- Decline to Answer

Source: Modification per NIEHS External Exposome Survey (used in SEHS study but phrased as “at work”; question similar to MI-CARES asking all sources, phrased as “at work or school”)

[3.a.8] Water Consumption at Work or School (Priority 3)

How many glasses of water do you usually drink at work or school?

- _____glasses

or
- Less than one

Source: No longer asked by MI-CARES, 10KFS, and STRIVE.

[3.a.9] Water Filtration at Work (Priority 1)

Do you use a water filtering system not including water softening system AT WORK OR SCHOOL (e.g. Brita, PUR, Culligan, etc.)?
- Yes
- No
- Don't Know
- Decline to Answer

Source: Modification per NIEHS External Exposome Survey (used in SEHS study without the "at school")

[3.a.10] Living on a Farm or in a Rural Area (Priority 3)

Have you ever lived on a farm or in a rural area (a community of 1,000 people or less)?
- Yes
- No

Source: 10KFS Adult Questionnaire.

[3.a.11] Working on a Farm (Priority 3)

If Yes, did you work or live on a farm at least half time for more than 1 year?
- Yes
- No

Source: 10KFS Adult Questionnaire.

[3.a.12] Years Living on Farm or Rural Area (Priority 3)

If Yes, for how many years have you lived on a farm or in a rural area?

_____
Years (enter number, ex: "12")

Source: 10KFS Adult Questionnaire.

[3.a.13] Drinking Water Source Living on Farm or Rural Area (Priority 3)

If Yes, while you lived on a farm or in a rural area, what was the main source of your drinking water? (Check the one that applied the most often)
- City Water Supply
- Small Community System
- Private Well
- Spring
- Bottled Water
- Other, specify:_____

Source: 10KFS Adult Questionnaire

b. Jobs and Hobbies

[3.b.1] Longest Occupation (Priority 1)

Thinking of all the paid jobs you ever had, what kind of work were you doing the longest? (For example, restaurant cook, cashier, truck driver, nurse.)

- Enter occupation: _____

Source: NIEHS Health Exposure Survey (SEHS Survey)

[3.b.2] Longest Occupation Duration (Priority 1)

How many years did you work/have you worked at this occupation?

- _____ years

Source: NIEHS Health Exposure Survey (SEHS Survey)

[3.b.3] Business / Industry (Priority 1)

What kind of business or industry is this (for example, what do they make or what services do they provide)?

- _____

Source: NIEHS Health Exposure Survey (SEHS Survey)

[3.b.4] Current Occupation (Priority 1)

Which of the following best describes your current occupation?

- Not working
- Employed at a job for pay, either full or part-time
- Student, not working
- Student, working
- Employed, but temporarily away from my regular job
- Homemaker, raising children, care of others
- Volunteer
- Self-employed
- Unemployed, looking for work
- Unemployed, not looking for work
- Retired from my usual occupation and not working
- Retired from my usual occupation but working for pay
- Disabled, unable to work
- Other, specify:_____

Source: 10KFS Survey

[3.b.5] Current Occupation (Priority 1)

Is your current occupation the same as your longest occupation?

- Yes
- No
- Decline to answer

Source: SEHS Survey. Only ask if working now or add an answer option “Not currently employed”

[3.b.6] Kind of Work (Priority 1)

<<If you are working for pay now>>, what kind of work are you doing at your current job?

- _____

Source: SEHS Survey. Ask if the current job is not the longest held job.

[3.b.7] Current Job Duration (Priority 1)

How many years have you worked in your current job?

- _____years
  or
- less than one year

Source: MI-CARES Survey. Ask if the current job is not the longest held job.

[3.b.8] Business / Industry of Current Job (Priority 1)

What kind of business or industry is this (for example, what do they make or what services do they provide)?

- _____

Source: SEHS Survey. Ask if the current job is not the longest held job.

[3.b.9] Industry / Occupations held for 10 years or more (Priority 2)

Please select any of the following industries or occupations in which you were employed FOR 10 YEARS OR LONGER. (select all that apply)

- Automotive repair
- Chemical production or use
- Construction
- Cotton, wool, or textile processing
- Dry cleaning
- Farming
- Furniture making or woodworking
- Gasoline refining or redistribution
- Hairdressing
- Metal production or processing
- Military
- Mining, quarrying, rock crushing, or cement manufacturing
- Nursing or other healthcare
- Paint production or use
- Plastic production or processing
- Poultry or meat processing
- Rubber or tire manufacturing
- Shipyard work
- None of these
- Don't know
- Decline to answer

Source: SEHS Survey (SCCS baseline Q79, plus poultry processing option)

[3.b.10 – 3.b.30*] Work Activities (Priority 2)

* with A – D sub questions

Have you ever done any of the following activities as part of your job?

	A. Ever done for work? *If "Yes" complete B-D→*	B. Done in past year for work?	C. Name of Chemical (if known)?	D. Used of protective clothing?
[3.b.10. A – D] Make or spray pesticides (chemicals to kill insects)	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.11. A – D] Make or spray fungicides (chemicals to kill mold)	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.12. A – D] Make or spray herbicides (chemicals to kill weeds)	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.13. A – D] Apply varnish, finish or seals	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.14. A – D] Mix or apply paints or lacquers	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.15. A – D] Use solvents or degreasers (for cleaning grease)	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.16. A – D] Apply glues or adhesives	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.17. A – D] Degrease tools, machines or electronics	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.18. A – D] Weld, exposure to fibers and dust	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.19. A – D] Use x-ray or radioactive substances (radiation)	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.20. A – D] Use janitorial/cleaning chemicals	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.21. A – D] Use dry cleaning chemicals	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.22. A – D] Use dyes (for hair or textiles)	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.23. A – D] Apply artificial nails	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.24. A – D] Handle or make pharmacy drugs	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.25. A – D] Work with laboratory chemicals	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.26. A – D] Work with anesthetic gases, other fumes or sterilizers	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.27. A – D] Work with chemotherapeutic drugs	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.28. A – D] Use strong acids or bases	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.29. A – D] Use lead, mercury or other metals	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No
[3.b.30. A – D] Use other chemicals. Please specify: _____	☐Yes ☐ No	☐Yes ☐ No		☐Yes ☐ No

Source: STRIVE Survey

[3.b.31] Time Spent Working (Priority 3)

In a typical WEEK, how many hours do you spend at work or working for pay?

- _____ hours

Source: MI-CARES Survey (no longer asked)

[3.b.32] Distance Between Home and Workplace (Priority 3)

About how many miles is it between your home and work?

- _____ miles or
- less than one mile
- I only work from home

Source: MI-CARES Survey (no longer asked)

[3.b.33] Sedentary Time at Work (Priority 3)

How often does your work involve walking or standing for most of the time?

- Never
- Rarely
- Sometimes
- Usually
- Always

Source: MI-CARES Survey (no longer asked). Similar to STRIVE (supplement) and 10KFS.

[3.b.34] Physical Labor at Work (Priority 3)

How often does your work involve heavy manual or physical work?

- Never
- Rarely
- Sometimes
- Usually
- Always

Source: MI-CARES Survey (no longer asked). Similar to STRIVE (supplement).

[3.b.35] Night Shifts (Priority 2)

How often does your work involve night shifts?

- Never
- Rarely
- Sometimes
- Usually
- Always

Source: MI-CARES Survey (no longer asked). Similar to STRIVE (supplement).

c. Home Environment

The next set of questions is about your current home (where you live). If you live in more than one place, then please answer the following questions for the location where you spend the most time.

[3.c.1] Insecticides Applied in the Home (Priority 2)

During the time you have been in your CURRENT RESIDENCE, how often on average has it been treated regularly with INSECTICIDES OR PESTICIDES, either by you or someone else?

- Never
- Daily
- Weekly
- Monthly
- Every 2-3 months

- Every 4-5 months
- Once or Twice a Year
- Don't Know
- Decline to answer

Source: SEHS Survey

[3.c.2] Insecticides Applied Personally (Priority 2)

When the pest control chemicals were applied, how often did you personally apply them? Skip if insecticides is never, don't know, or decline to answer.

- All the time
- About half the time
- Some of the time
- Never
- Don't Know
- Decline to answer

Source: SEHS Survey

[3.c.3 - 3.c.10] Exposures in Home (Priority 3)

Think about the place you live. DURING THE PAST 12 MONTHS, has there been any of the following in YOUR CURRENT RESIDENCE?

	Yes	No	Don't Know	Decline
[3.c.3] Bug infestation				
[3.c.4] Visible Mold				
[3.c.5] Lead Paint				
[3.c.6] Lead Pipes				
[3.c.7] Inadequate Heat				
[3.c.8] No or not working smoke detector				
[3.c.9] Water or dampness from broken pipes, leaks, heavy rain or flood				
[3.c.10] Mildew odor or musty smell				

Source: SEHS Survey (similar to MI-CARES)

[3.c.11] Heating Fuels Used in Home (Priority 3)

Which FUELS are used for heating your CURRENT RESIDENCE? (select all that apply)

- Natural gas serviced by a utility company
- Gas: bottled, tank or liquid propane
- Electricity
- Fuel oil or kerosene
- Coal or coke made from coal
- Wood
- Solar energy
- Other fuel
- No fuel used
- Don't Know

- Decline to answer

Source: SEHS Survey

[3.c.12] Fireplace or Wood Burning Stove at Home (Priority 3)

Is there a FIREPLACE OR WOOD-BURNING STOVE inside your CURRENT RESIDENCE?

- Yes
- No
- Don't Know
- Decline to answer

Source: SEHS Survey (similar to MI-CARES)

[3.c.13] Fireplace or Wood Burning Stove - Days Used (Priority 3)

About how many days a year do you use a FIREPLACE OR WOOD-BURNING STOVE at your CURRENT RESIDENCE?

- days - free text
- Don't Know
- Decline to answer

Source: SEHS Survey

[3.c.14] Fuel Burned in Fireplace or Wood-Burning Stove (Priority 3)

What kind of fuel do you burn in the FIREPLACE OR WOOD-BURNING STOVE?

- Wood
- Coal
- Natural gas or propane
- Artificial logs (such as Duraflame)
- Other
- Don't Know
- Decline to answer

Source: SEHS Survey

[3.c.15] Air Pollution (Priority 3)

How often do you think you were exposed to AIR POLLUTION OVER THE PAST 12 MONTHS?

- Never
- Rarely
- Sometimes
- Often
- Always
- Decline to answer

Source: SEHS Survey

[3.c.16] Loud Noise (Priority 3)

How often do you think you were exposed to LOUD NOISE OVER THE PAST 12 MONTHS?

- Never
- Rarely
- Sometimes
- Often
- Always

- Decline to answer

Source: SEHS Survey

[3.c.17 - 3.c.18] Home Environment (Priority 3)

Does your current home have…

	No	Yes	I don't know
[3.c.17] Linoleum or vinyl flooring in any rooms?			
[3.c.18] Wall-to-wall carpet in any rooms?			

Source: MI-CARES Questionnaire

[3.c.19 - 3.c.20] Home Purchases (Priority 3)

In the past 12 months have you bought…

	No	Yes	I don't know
[3.c.19] New upholstered furniture?			
[3.c.20] A new mattress?			

Source: MI-CARES Questionnaire

[3.c.21 - 3.c.23] Home Environment (Priority 3)

In the past 12 months have you had your…

	No	Yes	I don't know
[3.c.21] Carpets/rugs treated with a stain resistant product?			
[3.c.22] Carpets / rugs professionally cleaned?			
[3.c.23] Drapes or furniture professionally cleaned?			

Source: MI-CARES Questionnaire

[3.c.24 - 3.c.26] Home Environment (Priority 3)

In the past 12 months have you…

	No	Yes	I don't know
[3.c.24] Had your furniture treated with a stain resistant product?			
[3.c.25] Had any walls,			

ceilings, or furniture freshly painted or varnished?			
[3.c.26] Made any renovations such as adding a room, putting up or taking down a wall, replacing windows, or refinishing floors?			

Source: MI-CARES Questionnaire

[3.c.27] Non-Stick or Teflon Used (Priority 3)

When you cook at home, how often do you use non-stick cookware (i.e. Teflon)?

- Never
- Rarely
- Some of the time
- Most of the time
- All of the time
- A don't know

Source: MI-CARES Survey

[3.c.28] Radon (Priority 3)

Do you know what radon is?

- Yes
- No

Source: 10KFS Questionnaire

[3.c.29] Radon Gas Testing (if radon question=yes, Priority 3)

Has your household air been tested for the presence of radon gas?

- Yes
- No

Source: 10KFS Questionnaire (similar to MI-CARES)

[3.c.30] Radon Levels High (if radon tested=yes, Priority 3)

Were the radon levels in your household elevated (above 4pCi/L)?

- Yes
- No

Source: 10KFS Questionnaire (similar to MI-CARES)

[3.c.31] Years in Household with Radon (Priority 3)

How many years did you live in this household from the time you moved in until the time you found elevated radon levels?

_____
Years (enter number, ex: "12")

Source: 10KFS Questionnaire (similar to MI-CARES asked in categories)

[3.c.32] Response to Radon Test (Priority 3)

In response to a high radon test result did you... (check all that apply)

- Retest
- Do a long-term test
- Have a mitigation system installed
- No longer go in the basement
- Decide to wait until later to fix
- Other, specify:_____

Source: 10KFS Questionnaire (same as MI-CARES)

4) Your Health Habits

a. Personal Care Products

[4.a.1 - 4.a.32] Personal Care Product Use by Type and Frequency of Use (Priority 2)

In the past 12 months, on average, how often did you use…

	Every Day	Several Days a Week	Once a Week	A few times a month	Once a month or less	Never
[4.a.1] Foundation Makeup						
[4.a.2] Blush or Rouge						
[4.a.3] Lipstick						
[4.a.4] Lip Moisturizers (lip balm, lip gloss)						
[4.a.5] Mascara						
[4.a.6] Eyeliner						
[4.a.7] Eye Shadow						

In the past 12 months, on average, how often did you use…

	Every Day	Several Days a Week	Once a Week	A few times a month	Once a month or less	Never
[4.a.8] Facial Lotion or Moisturizers						
[4.a.9] Cleansing Cream/ Cloth						
[4.a.10] Makeup Remover						
[4.a.11] Facial Masks						

In the past 12 months, on average, how often did you use…

	Every Day	Several Days a Week	Once a Week	A few times a month	Once a month or less	Never
[4.a.12] Self tanning products						
[4.a.13] Skin lighteners						
[4.a.14] Hair Spray						
[4.a.15] Hair Styling Gel or						

Mousse						

In the past 12 months, on average, how often did you use…

	At least once a month	Every other month	Every 3-4 months	Every 6 months	Once a year	Never
[4.a.16] Hair Dye						
[4.a.17] Chemical hair straightener / relaxer / straightening perm with lye						
[4.a.18] Chemical hair straightener / relaxer / straightening perm without lye						
[4.a.19] Hair perm to make it curly/wavy						

In the past 12 months, on average, how often did you use…

	Every Day	Several Days a Week	Once a Week	A few times a month	Once a month or less	Never
[4.a.20] Shampoo						
[4.a.21] Conditioner						
[4.a.22] Bath or Shower Gel						
[4.a.23] Shaving Creams or Gels						
[4.a.24] Hand/body lotion						
[4.a.25] Deodorant and/or antiperspirant						
[4.a.26] Mouthwash or Rinse						
[4.a.27] Perfume or Cologne						

In the past 12 months, on average, how often did you use…

	At least once a week	A few times a month	Once a month	Several times a year	Once a year	Never
[4.a.28] Tanning Bed or Booth						
[4.a.29] Nail Polish						
[4.a.30] Nail Polish Remover						
[4.a.31] Acrylic Nails						
[4.a.32] Gel Nails						

Source: MI-CARES Survey, Similar to STRIVE Survey

b. Alcohol

[4.b.1] Alcohol Consumption (Priority 1)

Do you drink alcohol?

- Yes, current drinker

- No, former drinker (stopped)
- No, never drinker

Source: STRIVE Survey

[4.b.2 - 4.b.5] Alcohol Consumption Across the Lifespan (Priority 1, 2)

Please indicate how often, on average, you drank alcoholic beverages at each age.

	Number of alcoholic drinks consumed By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.								
Age	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
[4.b.2] Age 15-19 (Priority 2)									
[4.b.3] Age 20-29 (Priority 2)									
[4.b.4] Age 30-39 (Priority 2)									
[4.b.5] In the past 12 months (Priority 1)									

Source: MI-CARES Survey (no longer asked). Similar to 10KFS and STRIVE.

[4.b.6 - 4.b.9] Alcohol Consumption by Type and Quantity (Priority 3)

How often did you drink these beverages last year?

	Never or less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
[4.b.6] Beer all types (1 serving size = 12 oz can or bottle)									
[4.b.7] Red wine (1 serving size = 1 medium glass (4oz))									
[4.b.8] White or rose wine (1									

serving size = 1 medium glass (4oz))									
[4.b.9] Liquor or mixed drinks (1 serving size = 1 shot (1 1/2oz or 1 mixed drink)									

Source: 10KFS Survey

[4.b.10] Binge drinking (Priority 2)

During the past 30 days, what is the largest number of drinks you had on any one occasion?
_____Drinks (enter number, ex. “12”)

Source: 10KFS (binge asked differently in MI-CARES)

c. Smoking

[4.c.1] Tobacco Exposure (Priority 1)

Have you smoked at least 100 cigarettes in your lifetime?

- Yes
- No

Source: 10KFS Adult Questionnaire, MI-CARES Survey, SEHS

[4.c.2] Tobacco Exposure – Began Smoking (Priority 1)

[If Yes,] At what age did you start to smoke?
_____Years Old (enter number, ex: “12”)

Source: 10KFS Adult Questionnaire

[4.c.3] Current Smoking Habits (Priority 1)

[If Yes,] Do you still smoke CIGARETTES?

- Every Day
- Some Days
- Not at all

Source: MI-CARES Survey

[4.c.4] Quitting Age (Priority 1)

[If Not at all,] At what age did you quit for good?
_____ Years Old (enter number, ex: “12”)

Source: 10KFS Adult Questionnaire, MI-CARES Survey

[4.c.5] Average Daily Cigarettes (Priority 2)

[If Yes,] What is the average number of cigarettes that you smoke (or used to smoke, if you have quit) in one day?

____Cigarettes/day (enter number, ex: “12”)

Source: 10KFS Adult Questionnaire

[4.c.6] Menthols (Priority 3)

[If Yes,] Are the cigarettes you usually smoke (or used to smoke, if you have quit) menthol?

- Yes
- No

Source: 10KFS Adult Questionnaire, SEHS Survey

[4.c.7] E-Cigarettes (Priority 2)

Have you ever used E-CIGARETTES?

- Yes
- No

Source: MI-CARES Survey

[4.c.8] E-Cigarettes Start Age (Priority 2)

[If Yes,] At what age did you start using E-CIGARETTES fairly regularly?

_____Years Old

Source: MI-CARES Survey

[4.c.9] Current E-Cigarette Use (Priority 2)

[If Yes,] Do you still use e-cigarettes or other electronic vaping products every day, somedays or not at all?

- Every Day
- Somedays
- Not at all

Source: MI-CARES Survey with additional wording from BRFSS 2021 question

[4.c.10] E-Cigarette Quit Age (Priority 2)

[If Not at all,] At what age did you quit using E-CIGARETTES?

____Years Old (enter number, ex: “12”)

Source: MI-CARES Survey

[4.c.11] Secondhand Smoke (Priority 2)

Whether or not you smoke, about HOW MANY HOURS PER WEEK are you around the cigarette smoke of OTHER PEOPLE?

_____Hours per week in your home
_____Hours pr week in other indoor places (including work)

Source: SEHS Survey

[4.c.12] Other tobacco type screener (Priority 2)

Have you used any other tobacco or nicotine replacement products?

- Yes
- No

Source: 10KFS Survey

[4.c.13 - 4.c.16 with 4 sub-questions] Current use of other tobacco types (Priority 2)

If Yes to the previous question:

[A] In your entire life, have you smoked …		**[B] Do you still use this tobacco product?**	**[C] How much do you use (If less than one, enter 0)**	**[D] For how many years have you used this tobacco product?**
[4.c.13.A - D] At least 20 cigars?	-Yes -No	-Yes -No	_____ cigars/day	___ Years (enter number, ex. “12”)
[4.c.14.A – D] At least 20 pipes full of tobacco?	-Yes -No	-Yes -No	_____ pipes/day	___ Years (enter number, ex. “12”)
[4.c.15.A – D] At least 1 bag of chewing tobacco?	-Yes -No	-Yes -No	_____ plugs/day	___ Years (enter number, ex. “12”)
[4.c.16.A - D] At least 1 can of snuff?	-Yes -No	-Yes -No	_____ dips/day	___ Years (enter number, ex. “12”)
[4.c.17.A - D] Bidis/kreteks (clove cigarettes)?	-Yes -No	-Yes -No	____ cigarettes/day	___ Years (enter number, ex. “12”)
[4.c.18.A - D] Hookahs (water pipe)?	-Yes -No	-Yes -No	_____ uses/day	___ Years (enter number, ex. “12”)
[4.c.19.A - D] Modified cigarettes (Eclipse, Advance, etc.)?	-Yes -No	-Yes -No	____ cigarettes/day	___ Years (enter number, ex. “12”)
[4.c.20.A - D] Nicotine replacement products (nicotine lozenges, gum, patch, etc.)?	-Yes -No	-Yes -No	_____ uses/day	___ Years (enter number, ex. “12”)

Source: 10KFS Adult Questionnaire

[4.c.21.A – 4.c.21.E] Use of tobacco-free nicotine pouches or pods (Priority 3)

[A] Have you ever used…		[B] At what age did you start using this product fairly regularly?	[C] Do you NOW use this product…	[D] At what age did you quit using this product?	[E] How often did you use this product prior to quitting?
[4.c.21.A - E] tobacco-free nicotine pouches or pods that you put in your mouth, sometimes called ‘white pouches’ (e.g., Zyn, On!, Verv, Dryft, Lyft, Skruf)?	- Yes - No	[If Yes,] _____ (Years Old (example: 12))	[If Yes,] - Every Day - Some Days - Not at all	[If Not at all,] _____ (Years Old (example: 12))	[If Not at all,] - Every day - Some days

Source: 10KFS Adult Follow Up Questionnaire

d. Physical Activity

[4.d.1 – 4.d.6 with 2 sub-questions] Physical Activity History (Priority 2)

The following questions are about your physical activity over the past year.

[A] In a typical week, how many times do you do each activity?		**[B] How long does this activity usually last each day you do it?**
[4.d.1] Vigorous intensity exercise where your heart beats rapidly and you sweat. *(Like running, aerobics class, cross country skiing, vigorous swimming or vigorous bicycling).*	___ times per week	___ to ___ minutes
[4.d.2] Moderate intensity exercise which is not tiring and you may sweat lightly. *(Like fast walking, tennis, easy bicycling, easy swimming or dancing)*.	___ times per week	___ to ___ minutes
[4.d.3] Mild intensity exercise which requires little effort and does not make you sweat. *(Like easy walking, yoga, bowling, shuffleboard or golf).*	___ times per week	___ to ___ minutes
[4.d.4] Exercise that is designed to improve strength and endurance. *(Like lifting weights, doing push-ups or crunches, or using resistance bands).*	___ times per week	___ to ___ minutes
[4.d.5] Sitting or lying down while watching TV	___ times per week	___ to ___ minutes
[4.d.6] Other sitting *(like at work, at the computer, while driving, eating, visiting friends, or reading*)	___ times per week	___ to ___ minutes

Source: STRIVE Survey (no longer asked). Similar to MI-CARES, 10KFS, SEHS.

e. Diet

[4.e.1] Cereals (Priority 2)

During the past month, how often did you eat hot or cold cereals? (Mark one.)

Matrix Format can be used

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 time per week
- 1 time per day
- 2 or more times per day
- Decline to answer

Source: https://www.phenxtoolkit.org/protocols/view/231201
NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.2] Cereal Type (Priority 2)

During the past month, what kind of cereal did you usually eat?

_____

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.3] Cereal Type, Other (Priority 2)

If there was any other kind of cereal that you usually ate during the past month, what kind was

it? (If none, leave blank.)

_____

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.4] Milk (Priority 2)

During the past month, how often did you have any milk (either to drink or on cereal)? Include regular chocolate or other flavored milks, lactose-free milk, buttermilk. Please do not include soy milk or small amounts of milk in coffee or tea. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.5] Milk Type (Priority 2)

During the past month, what kind of milk did you usually drink? (Mark one.)

- Whole or regular milk
- 2% fat or reduced-fat milk
- 1%, 1/2%, or low-fat milk
- Fat-free, skim, or nonfat milk
- Soy milk
- Other kind of milk. Please specify:_____

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.6] Soda (Priority 2)

During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda (mark one.)*

*These questions all are multiple choice with the same response options:

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.7] Fruit Juices (Priority 2)

During the past month, how often did you drink 100% pure fruit juices such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.8] Coffee / Tea with Sugar or Honey (Priority 2)

During the past month, how often did you drink coffee or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.9] Sweetened Fruit, Sports or Energy Drinks (Priority 2)

During the past month, how often did you drink sweetened fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day

- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.10] Artificial Sweeteners in Drinks (Priority 2)

During the past month, how often did you drink diet soda, pop, sweetened fruit drinks, sports or energy drinks WITH artificial sweeteners? (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.11] Coffee or Tea with Artificial Sweeteners (Priority 2)

During the past month, how often did you drink coffee or tea that had ARTIFICIAL SWEETENERS added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino that are made with artificial sweeteners. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4-5 times per day
- 6 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.12] Fruit (Priority 2)

During the past month, how often did you eat fruit? Include fresh, frozen, or canned fruit. Do not include juices. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day

- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.13] Green Leafy or Lettuce Salad (Priority 2)

During the past month, how often did you eat a green leafy or lettuce salad, with or without other vegetables? (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.14] Fried Potatoes (Priority 2)

During the past month, how often did you eat any kind of fried potatoes, including french fries, home fries, or hash brown potatoes? (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.15] Potatoes (Priority 2)

During the past month, how often did you eat any other kind of potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad? (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.16] Beans (Priority 2)

During the past month, how often did you eat refried beans, baked beans, beans in soup, pork and beans or other type of cooked dried beans? Do not include green beans. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.17] Cooked Whole Grains (Priority 2)

During the past month, how often did you eat brown rice or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do not include white rice. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.18] Vegetables – not leafy greens (Priority 2)

During the past month, not including what you just told me about (green salads, potatoes, cooked dried beans), how often did you eat other vegetables? (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.19] Salsa (Priority 2)

During the past month, how often did you have Mexican-type salsa made with tomato? (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week

- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.20] Pizza (Priority 2)

During the past month, how often did you eat pizza? Include frozen pizza, fast food pizza, and homemade pizza. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.21] Tomato Sauce (Priority 2)

During the past month, how often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? Do not include tomato sauce on pizza. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.22] Cheese (Priority 2)

During the past month, how often did you eat any kind of cheese? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza. (Mark one.) *

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.23] Red Meat (Priority 2)

During the past month, how often did you eat red meat such as beef, pork, ham or sausage? Do not include chicken, turkey or seafood. Include red meat you had in sandwiches, lasagna, stew, and other mixtures. Red meats may also include veal, lamb, and any lunch meats made with these meats. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.24] Chicken, Turkey, Seafood (Priority 2)

During the past month, how often did you eat chicken, turkey or seafood? Include chicken, turkey or seafood you had in sandwiches, lasagna, stew, and other mixtures. Do not red meat such as beef, pork, ham or sausage. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.25] Processed Meat (Priority 2)

During the past month, how often did you eat any processed meat, such as bacon, lunch meats, or hot dogs? Include processed meats you had in sandwiches, soups, pizza, casseroles, and other mixtures. Processed meats are those preserved by smoking, curing, or salting, or by the addition of preservatives. Examples are: ham, bacon, pastrami, salami, sausages, bratwursts, frankfurters, hot dogs, and spam. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.26] Whole Grain Bread (Priority 2)

During the past month, how often did you eat whole grain bread including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do not include white bread. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.27] Chocolate, Candy (Priority 2)

During the past month, how often did you eat chocolate or any other types of candy? Do not include sugar-free candy. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.28] Sweet Baked Goods (Priority 2)

During the past month, how often did you eat doughnuts, sweet rolls, Danish, muffins, pan dulce, or pop-tarts? Do not include sugar-free items. (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.29] Cookies, Cake, Pie, or Brownies (Priority 2)

During the past month, how often did you eat cookies, cake, pie or brownies? Do not include sugar-free kinds. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week

- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.30] Ice Cream or Other Frozen Desserts (Priority 2)

During the past month, how often did you eat ice cream or other frozen desserts? Do not include sugar-free kinds. (Mark one.)*

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.31] Popcorn (Priority 2)

During the past month, how often did you eat popcorn? (Mark one.)

- Never
- 1 time last month
- 2-3 times last month
- 1 time per week
- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
- 2 or more times per day

Source: NHANES Dietary Screener (DSQ); 10KFS Survey

[4.e.32] Oily Fish (Priority 3)

How often do you eat oily fish? (e.g. sardines, salmon, trout, fresh tuna, mackerel, herring)

- Never
- Less than once a week
- Once a week
- 2-4 times a week
- 5-6 times a week
- Once or more daily

Source: MI-CARES Survey (no longer asked)

[4.e.33] Other Fish (Priority 3)

How often do you eat other types of fish? (e.g. cod, canned tuna, whitefish, perch, haddock)

- Never

- Less than once a week
- Once a week
- 2-4 times a week
- 5-6 times a week
- Once or more daily

Source: MI-CARES Survey (no longer asked)

[4.e.34 - 4.e.37b] Sport Caught Fish (Priority 3)

[4.e.34] **Do you ever eat sport-caught fish, that is, caught by you or given to you? This does not include purchased fish.**

- Yes
- No

Source: Collaborative Breast Cancer Study

[4.e.35] **[If Yes,] How often did you eat recreationally caught fish over the past 12 months?**

- Four or more days a week
- Once a week
- A few times a month
- Once a month
- Several times a year
- Once a year

Source: MI-CARES Follow Up Water Questionnaire

[4.e.36] **[If Yes,] When you clean your recreationally caught fish, how often do you trim away as much of the fat as you can see? Please do not include fish purchased from a grocery store.**

- Always
- Most of the time
- Some of the time
- Never
- I don't know

Source: MI-CARES Follow Up Water Questionnaire

[4.e.37a] **Is any of this sport-caught fish from the Great Lakes? (Included are lakes Michigan, Huron, Erie, Superior, and Ontario plus mouths of rivers feeding in the lakes. Also include Green Bay and other parts of the lakes that have separate names.)**

- Yes
- No

Source: Collaborative Breast Cancer Study

[4.e.37b] **Have you eaten any recreationally caught fish from Michigan lakes and/or rivers over the past 12 months?**

- Yes
- No

Source: MI-CARES Follow Up Water Questionnaire

[4.e.38 – 4.e.41] Organic Food (Priority 3)

In the past 12 months, if you ate the following foods, how much of the time were they organic?

	Never	Rarely	Some of the time	Most of the time	All of the time	I don't know
[4.e.38] **Vegetables (fresh or frozen)**						
[4.e.39] **Fruit (fresh or frozen)**						
[4.e.40] **Meat/Poultry**						
[4.e.41] **Dairy (milk, cheese, yogurt, ice cream)**						

Source: Similar to MI-CARES Questionnaire and DREAM Delivery Questionnaire

[4.e.42] Meat Last Year (Priority 3)

Have you eaten meat in the past year?

- Yes
- No

Source: 10KFS Adult Questionnaire

[4.e.43] Meat Preparation – Steak (Priority 3)

When you eat steak, how do you usually eat it?

- I don't eat steak
- Rare
- Medium rare
- Medium
- Medium well
- Well done
- Very well done

Source: 10KFS Adult Questionnaire

[4.e.44] Meat Preparation – Hamburger (Priority 3)

When you eat hamburgers (or cheeseburgers), how are they usually cooked?

- I don't eat hamburgers
- Pan fried
- Grilled
- Oven broiled
- Other

Source: 10KFS Adult Questionnaire

[4.e.45] Meat Preparation – Hamburger (Priority 3)

When you eat hamburgers (or cheeseburgers), how do you usually eat them?

- I don't eat hamburgers
- Rare
- Medium rare

- Medium
- Medium well
- Well done
- Very well done

Source: 10KFS Adult Questionnaire

[4.e.46] Meat Preparation – Bacon or sausage (Priority 3)

When you eat bacon or sausage, how do you usually eat it?

- I don't eat bacon or sausage
- Just until done
- Well-done, crisp
- Charred/blackened

Source: 10KFS Adult Questionnaire

[4.e.47] Meat Browning (Priority 3)

How often do you eat meat which has been well-browned on the outside by pan-frying or oven broiling?

- Never
- Rarely
- Sometimes
- Often

Source: 10KFS Adult Questionnaire

[4.e.48] Grilled Meat (Priority 3)

How often do you eat meat which has been grilled (cooked over coals, open fire or ceramic briquettes)?

- All year round
- Mostly in the summer
- Never

Source: 10KFS Adult Questionnaire

[4.e.49] Grilled or Barbecued Meat (Priority 3)

How often do you eat grilled or barbecued meat (including beef, pork, chicken or fish)?

- Less than once a month
- 1-3 times a month
- Once a week
- 1-3 times a week
- 4-5 times a week
- Almost every day

Source: 10KFS Adult Questionnaire

[4.e.50] Charred/ Blackened Meats (Priority 3)

How often do you eat meat which has been charred/blackened by grilling or barbecuing?

- Never
- Rarely
- Sometimes
- Often

Source: 10KFS Adult Questionnaire

[4.e.51 - 4.e.54] Food Packaging (Priority 3)

On average, how many times per day, week, month or year have you eaten the following food items:

	Number of times eaten	Day	Week	Month	Year	Never	Prefer not to answer
[4.e.51] Take-out or delivered pizza	___per						
[4.e.52] Food from a restaurant that is wrapped in paper or packaged in a cardboard container (such as: hamburgers, sandwiches, burritos, Chinese food; do not include pizza)	___per						
[4.e.53] Pre-packaged Microwave Popcorn	___per						
[4.e.54] Take out food in Styrofoam or plastic container and heat in microwave	___per						

Source: Similar to DREAM Delivery Questionnaire and STRIVE Survey

[4.e.55] Fast-Food and Take-Out (Priority 3)

How often do you eat fast-food or take-out from restaurants like McDonalds, Taco Bell, Carl's Junior, Chipotle, Panera, or Chinese food etc.?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- Every other day
- 4-6 times a week
- Once a day
- More than once a day
- Decline

Source: DREAM Delivery Questionnaire

[4.e.56] Prepared Foods (Priority 3)

How often do you eat prepared foods from a grocery store or deli counter?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- Every other day
- 4-6 times a week
- Once a day
- More than once a day
- Decline

Source: DREAM Delivery Questionnaire

[4.e.57] Processed Foods (Priority 3)

How frequently do you eat processed foods like breakfast cereals, cold cuts or lunch meat, boxed macaroni and cheese, frozen meals, chips, crackers, etc.?

- Never
- Less than once a month
- 1-3 times a month
- Once a week
- Every other day
- 4-6 times a week
- Once a day
- More than once a day
- Decline

Source: DREAM Delivery Questionnaire (similar to SEHS)

[4.e.58 - 4.e.74] Type of diet (Priority 3)

Have you followed any of these diets in the past 12 months?

[4.e.58] Vegan	Yes	No
[4.e.59] Vegetarian	Yes	No
[4.e.60] Pescatarian	Yes	No
[4.e.61] Ketogenic (keto)	Yes	No
[4.e.62] Mediterranean	Yes	No
[4.e.63] Paleo	Yes	No
[4.e.64] Atkins	Yes	No
[4.e.65] Zone diet	Yes	No
[4.e.66] South Beach	Yes	No
[4.e.67] Low fat	Yes	No
[4.e.68] Low carbohydrates	Yes	No
[4.e.69] Intermittent fasting	Yes	No
[4.e.70] Whole 30	Yes	No
[4.e.71] High fiber	Yes	No
[4.e.72] High protein	Yes	No
[4.e.73] Low sugar	Yes	No
[4.e.74] Other. Please specify: _____	Yes	No

Source: MI-CARES

5) Your Health

a. Body Size

[5.a.1] Height (Priority 1)

How tall are you?

____ feet ___ inches

- Don't know

- Decline to answer

Source: SEHS Survey SCCS baseline Q6 (same as MI-CARES)

[5.a.2] Weight (Priority 1)

How much do you weigh?

_____ pounds
- Don't know
- Decline to answer

Source: SEHS Survey SCCS baseline Q3 (similar to MI-CARES)

[5.a.3] Weight (Priority 2)

What is the most you have EVER weighed, not counting weight during pregnancy?

__pounds
- Don't know
- Decline to answer

Source: SEHS Survey SCCS baseline Q5 ("not counting weight during pregnancy" may only be presented to females)

b. Health Conditions

[5.b.1.A - B] Myocardial Infarction (Priority 2)

[5.b.1.A] Have you ever had a heart attack?
- Yes -> **[5.b.1.B] What was your age when the heart attack was first diagnosed**? _____years
- No

[5.b.2.A - B] Heart Failure (Priority 2)

[5.b.2.A] Have you ever been treated for heart failure? (You may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well.)
- Yes -> **[5.b.2.B] What was your age when the heart failure was first diagnosed**? _____years
- No

[5.b.3.A - B] Peripheral Vascular Disease (Priority 3)

[5.b.3.A] Have you had an operation to unclog or bypass the arteries in your legs?
- Yes -> **[5.b.3.B] What was your age when this condition was first diagnosed**? _____years
- No

[5.b.4.A - B] Transient Ischemic Attack (Priority 2)

[5.b.4.A] Have you had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)?
- Yes -> **[5.b.4.B] What was your age when this condition was first diagnosed**? _____years
- No

[5.b.5.A - B] Hemiplegia (Priority 3)

[5.b.5.A] [If Yes to TIA,] Do you have difficulty moving an arm or leg as a result of the stroke or cerebrovascular accident?
- Yes-> **[5.b.5.B] What was your age when this condition was first diagnosed**? _____years

- No

[5.b.6.A - B] Asthma (Priority 2)

[5.b.6.A] Do you have asthma? If Yes, do you take medicines for your asthma?

- No
- Yes, only with flare-ups of my asthma
- Yes, I take medicines regularly, even when I'm not having a flare-up

- [If Yes,] **[5.b.6.B] What was your age when the asthma was first diagnosed**? _____years

[5.b.7.A - B] Chronic Obstructive Pulmonary Disease (COPD) (Priority 2)

[5.b.7.A] Do you have emphysema, chronic bronchitis, or chronic obstructive pulmonary disease? If Yes, do you take medicines for your lung disease?

- No
- Yes, only with flare-ups of my lung disease
- Yes, I take medicines regularly, even when I'm not having a flare-up

- [If Yes,] **[5.b.7.B] What was your age when the lung disease was first diagnosed**? _____years

[5.b.8.A - C] Ulcer (Priority 2)

[5.b.8.A] Do you have stomach ulcers, or peptic ulcer disease?

- Yes
- No

- [If Yes,] **[5.b.8.B] What was your age when this condition was first diagnosed**? _____years
- [If Yes,] **[5.b.8.C] Has this condition been diagnosed by endoscopy (where a doctor looks into your stomach through a scope) or an upper GI or barium swallow study (where you swallow chalky dye and then x-rays are taken)?**
  - Yes
  - No

[5.b.9.A - C] Diabetes (Priority 2)

[5.b.9.A] Do you have diabetes (high blood sugar)? (Select all that apply)

- No
- Yes, treated by modifying my diet
- Yes, treated by medications taken by mouth
- Yes, treated by insulin injections

- [If Yes,] **[5.b.9.B] What was your age when the diabetes was first diagnosed**? _____years
- [If Yes,] **[5.b.9.C] Has the diabetes caused any of the following problems**?
  - Problems with your kidneys
  - Problems with your eyes, treated by an ophthalmologist

[5.b.10.A - B] Renal (Priority 2)

[5.b.10.A] Have you ever had the following problems with your kidneys? (Select all that apply)

- Poor kidney function (blood tests show high creatinine)
- Have used hemodialysis or peritoneal dialysis
- Have received a kidney transplantation

- [If Yes to any of the three conditions,] **[5.b.10.B] What was your age when this condition was first diagnosed**? _____years

[5.b.11.A - C] Arthritis (Priority 2)

[5.b.11.A] Do you have rheumatoid arthritis?

- Yes
- No

[If Yes,] **[5.b.11.B] What was your age when this condition was first diagnosed**? _____years
[If Yes,] **[5.b.11.C] Do you take medications for it regularly?**

- Yes
- No

[5.b.12.A - C] Lupus (Priority 2)

[5.b.12.A] Do you have lupus (systemic lupus erythematosus)?

- Yes
- No

[If Yes,] **[5.b.12.B] What was your age when this condition was first diagnosed**? _____years
[If Yes,] **[5.b.12.C] Do you take medications for it regularly?**

- Yes
- No

[5.b.13.A - C] Polymyalgia Rheumatica (Priority 2)

[5.b.13.A] Do you have polymyalgia rheumatica?

- Yes
- No

[If Yes,] **[5.b.13.B] What was your age when this condition was first diagnosed**? _____years
[If Yes,] **[5.b.13.C] Do you take medications for it regularly?**

- Yes
- No

[5.b.14.A - B] Dementia (Priority 3)

[5.b.14.A] Do you have Alzheimer's Disease, or another form of dementia?

- Yes
- No

[If Yes,] **[5.b.14.B] What was your age when this condition was first diagnosed**? _____years

[5.b.15.A - B] Liver (Priority 2)

[5.b.15.A] Do you have cirrhosis, or serious liver damage?

- Yes
- No

[If Yes,] **[5.b.15.B] What was your age when this condition was first diagnosed**? _____years

[5.b.17.A-B] Leukemia (Priority 1)

[5.b.17.A] Has a doctor or health professional ever told you that you had leukemia or polycythemia vera?

- Yes

- No

[If Yes,] **[5.b.17.B] What was your age when this condition was first diagnosed**? _____years

[5.b.18.A-B] Lymphoma (Priority 1)

[5.b.18.A] Has a doctor or health professional ever told you that you had lymphoma?

- Yes
- No

[If Yes,] **[5.b.18.B] What was your age when this condition was first diagnosed**? _____years

[5.b.19.A – E plus more if needed] Other Cancer (Priority 1)

[5.b.19.A] Has a doctor or health professional ever told you that you had cancer, other than skin cancer, leukemia, or lymphoma?

- Yes
- No

[If Yes,]

[5.b.19.B] How many times have you been diagnosed with cancer, other than skin cancer, leukemia, or lymphoma? _____times
[5.b.19.C1] What was your age when cancer was first diagnosed? _____years
[5.b.19.D1] What type of cancer was it? _____
[5.b.19.E1] Has the cancer spread, or metastasized to other parts of your body?

- Yes
- No

[5.b.19.C2] What was your age when cancer was diagnosed the second time?
_____years
[5.b.19.D2] What type of cancer was it? _____
[5.b.19.E2]Has the cancer spread, or metastasized to other parts of your body?

- Yes
- No

[5.b.19.C3] What was your age when cancer was diagnosed the third time? _____years
[5.b.19.D3] What type of cancer was it? _____
[5.b.19.E3] Has the cancer spread, or metastasized to other parts of your body?

- Yes
- No

(repeat C-E as necessary)

Source: Questions are a subset of the Charlson Comorbidity Index (CCI) Katz et al, Medical Care 34(1):73-84, 1996 with additional questions included for cancer. Similar to STRIVE, MI-CARES

[5.b.20.A] Disability (Priority 2)

[5.b.20.A] Do you have any long-standing illness or disability?

- No
- Yes
- Prefer not to answer

Source: MI-CARES

[5.b.21.A – B - 5.b.26.A – B; 1 follow-up question each] Over the counter medications (Priority 2)

In the past 3 months, how often have you used the following medicines?

	Never	Once or Twice	Monthly	Weekly	Daily or almost daily	[B] If daily or almost daily, how many YEARS have you taken it (if less than 1 year, enter 0)
[5.b.21.A] Regular strength aspirin	☐	☐	☐	☐	☐	__ __ Years
[5.b.22.A] Low-dose aspirin	☐	☐	☐	☐	☐	__ __ Years
[5.b.23.A] Acetamenophen (Tylenol)	☐	☐	☐	☐	☐	__ __ Years
[5.b.24.A] Over-the-counter pain medicine such as ibuprofen, Advil, Motrin, naproxen, or Aleve	☐	☐	☐	☐	☐	__ __ Years
[5.b.25.A] Opioid pain medicine such as fentanyl, tramadol, codeine, morphine, oxycodone, Vicodin, Lortab, hydromorphone, Dilaudid	☐	☐	☐	☐	☐	__ __ Years
[5.b.26.A] Methdadone or buprenorphine	☐	☐	☐	☐	☐	__ __ Years

Source: SEHS

[5.b.27] Antibiotics (Priority 2)

How many times have you filled a prescription for oral antibiotics for yourself or taken antibiotics as injections in the past 12 months?

- 0 times
- 1 time
- 2 times
- 3 or more times
- Don't know
- Decline to answer

Source: SEHS

[5.b.28] BP medication (Priority 2)

Are you currently taking prescription medicine to lower your <u>blood pressure</u>?

- Yes
- No
- Don't know
- Decline to answer

Source: SEHS

[5.b.29.A - C] Blood sugar medication (Priority 2)

[5.b.29.A] Are you currently taking prescription medicine, including insulin, to lower your <u>blood</u>

sugar?
- Yes
- No
- Don't know
- Decline to answer

[If Yes,] **[5.b.29.B] Please mark ALL that you take NOW**:
- Insulin
- Metformin
- Other oral medication

[5.b.29.C] Was insulin the first medicine used to treat your high blood sugar or diabetes?
- Yes
- No
- Don't know
- Decline to answer

Source: SEHS

[5.b.30] Cholesterol medication (Priority 2)

Are you currently taking prescription medicine to lower your cholesterol?
- Yes
- No
- Don't know
- Decline to answer

Source: SEHS

[5.b.31] Depression medication (Priority 2)

Are you currently taking prescription medicine to treat depression or anxiety?
- Yes
- No
- Don't know
- Decline to answer

Source: SEHS

[5.b.32.A - D] HRT medication (Priority 2)

[If not male,] **[5.b.32.A] Have you ever used female hormone replacement therapy that contains estrogen and/or progesterone, for menopause?** (this includes pills, patches, creams, and injections)
- Yes
- No
- Don't know
- Decline to answer

[If Yes,] **[5.b.32.B] Are you currently taking hormone replacement therapy**?
- Yes
- No
- Don't know
- Decline to answer

[If No,] **[5.b.32.C] How many years ago did you LAST take hormone replacement therapy**? [if less than one year ago, enter 00]
__ __ years ago

[5.b.32.D] How old were you when you first started taking hormone replacement therapy?
__ __ years old
- Don't know
- Decline to answer

Source: SEHS

[5.b.33.A-D] Other medication (Priority 2)

[5.b.33.A] Over the last year, have you taken any other medication prescribed by a doctor for at least a week?
- Yes
- No

[If Yes,] **[5.b.33.B] What is the name or brand of the medication**?
_____

[5.b.33.C] Are you currently taking it?
- Yes
- No

[5.b.33.D] How long have you taken it? _____years

Source: STRIVE

[5.b.34.A-C] CRC screening (Priority 2)

[5.b.34.A] Have you ever had a screening test for colorectal cancer? Please include tests for blood in the stool/feces or a colonoscopy or a sigmoidoscopy.
- Yes
- No

[If Yes,] **[5.b.34.B] How many years ago was the most recent one of these colorectal cancer screening tests**?
_____years
- Less than one year ago

Source: MI-CARES

[If Yes,] **[5.b.34.C] Please specify what type of screening test(s) you had below (select all that apply):**
- Colonoscopy (a long tube inserted into the entire colon to look for colorectal polyps or cancer, while you were sedated)
- Sigmoidoscopy (a tube inserted ONLY partway into the colon to look for colorectal polyps or cancer)
- A test to check your stool/feces for blood (to detect colorectal cancer)

Source: Similar to SEHS Follow Up Survey

[5.b.35.A-B] Lung cancer screening (Priority 3)

[5.b.35.A] Have you ever had a screening test for lung cancer (e.g., low-dose computed tomography)?

- Yes
- No

[If Yes,] **[5.b.35.B] How many years ago was the most recent one of these lung cancer screening tests**?

_____years

- Less than one year ago

Source: MI-CARES (no longer asked)

[5.b.36.A-B] HPV (Priority 2)

[5.b.36.A] Have you been vaccinated for HPV (human papillomavirus)?

- Yes
- No

[If Yes,] **[5.b.36.B] At what age were you vaccinated for HPV (human papillomavirus)?**

_____years

Source: MI-CARES

[5.b.37] GLP1s (Priority 2)

[5.b.37.A] Have you ever taken a GLP-1 agonist medication such as Ozempic, Mounjaro, Rybelsus, Zepbound, or Wegovy, Semaglutide, dulaglutide, liraglutide, exenatide, tirzepatide for ANY reason? These reasons could include weight management or to help control blood sugar levels.

- Yes
- No
- Don't Know
- Decline to answer

[5.b.37.B] Why did you start taking a GLP-1 medication? (select all that apply)

- To help control blood sugar levels or diabetes
- Weight management or weight loss
- Other: (Specify)_____
- Don't know
- Decline to answer

[5.b.37.C] Are you still taking a GLP-1 medication such as Ozempic, Mounjaro, Rybelsus, Zepbound, or Wegovy for any reason?

- Yes
- No
- Don't know
- Decline to answer

[If No,] **[5.b.37.D] What was the main reason you stopped taking a GLP-1 medication?**

- Unwanted side effects
- Too expensive
- It was hard to find
- Health care provider changed the medication
- I stopped losing weight ("plateaued")
- Other _____
- Don't know
- Decline to answer

[If Yes to 5.b.37.A] **[5.b.37.E] For how long have you taken or did you take a GLP-1 medication?**

_ _ months OR _ _years
- Don't know
- Decline to answer

Source: Similar to SEHS Follow Up Survey and 10KFS Adult Follow up Questionnaire

[If Yes.] **[5.b.37.F] What type of GLP-1 medication have you taken?**

- Name brand, for example, Ozempic, Wegovy, Rybelsus, Mounjaro, Zepbound (Commercial FDA-approved brand)
- Compounded medication bought online, customized by a pharmacist or purchased directly from a company
- Both name brand (i.e. Commercial FDA-approved brand) and compounded GLP-1 medication
- Don't Know
- Decline to Answer

Source: CEECR Harmonization Working Group

c. Reproductive History for Female Participants

Please skip any questions that you feel do not relate to you or that you are not comfortable answering.

[5.c.1.A-B] Menstrual Cycle: Menarche (Priority 2)

[5.c.1.A] Have you had a menstrual period?
- Yes
- No

[If Yes] [5.c.1.B] How old were you when you had your first menstrual period?
_____ Years old (enter number, ex. "12")

Source: 10KFS Survey (similar to MI-CARES and SEHS)

[5.c.2.A - D] Pregnancy History (Priority 2)

[5.c.2.A] Have you ever been pregnant?
- Yes
- No
- Don't know
- Decline to answer

Source: SEHS Survey (Similar to 10KFS and MI-CARES)

[If Yes] [5.c.2.B] How many times have you been pregnant? (include ALL pregnancies, even those that did not result in a birth.)
_____Number of times

Source: SEHS (Similar to 10KFS and MI-CARES)

[If Yes,] **[5.c.2.C] How many of your pregnancies have resulted in a live birth**?
_____ pregnancies

[5.c.2.D] If you ever gave birth, how old were you at the time you:
FIRST gave birth: __ __ years old
LAST gave birth: __ __ years old
- Don't know
- Decline to answer

Source: SEHS

[5.c.3.A - C] Contraception (Priority 3)

[5.c.3.A] Have you ever taken birth control pills (oral contraceptives)?
- Yes
- No

[If Yes,] **[5.c.3.B] About how old were you when you first went on the contraceptive pill?**
_____years old

[5.c.3.C] How old were you when you last used the contraceptive pill?
_____years old
- I am still taking the pill

Source: MI-CARES Survey

[5.c.4] Breast Feeding (Priority 3)

For how many months TOTAL (counting all your pregnancies) did you breastfeed?
____months (enter 0 if you did not breastfeed)
- Don't know
- Decline to answer

Source: SEHS Survey, SCCS baseline Q36 (similar to MI-CARES; 10KFS asks age in categories)

[5.c.5.A - C] Infertility (Priority 3)

[5.c.5.A] Did you ever try to become pregnant for more than one year without success?
- Yes
- No

[If Yes,] **[5.c.5.B] How old were you when this difficulty FIRST occurred?**
_____years old (enter number, ex. "12")

[5.c.5.C] What was the cause for the fertility problems? Mark all that apply
- Tubal blockage
- Ovary or hormone problem

- Endometriosis
- Cervical mucous factors
- Spouse/Partner
- Not investigated
- Unknown. Please specify:_____

Source: 10KFS

[5.c.6] Infertility treatments (Priority 3)

Have you used any of the following treatments to help you get pregnant or stay pregnant?

- Clomid
- Letrozole
- IUI
- Progesterone (oral, injection, or vaginal)
- IVF -> **Number of IVF cycles**: _____(enter number, ex. “12”)
- Other medications (not for IVF). **Please specify**: _____
- None

Source: 10KFS

[5.c.7] Menopausal status (Priority 2)

Have you had a menstrual period in the last year?

- No
- Yes, at my regular intervals
- Yes, but irregular for me

Source: 10KFS

[5.c.8] Age at menopause (Priority 2)

How old were you at your last period?

_____Years old (enter number, ex. “12”)

Source: 10KFS

[5.c.9] Type of menopause (Priority 2)

Which of the following is the reason your periods stopped?

- Pregnant, breastfeeding
- Birth control (including IUD)
- Chemotherapy or radiation therapy
- Hormones for menopausal symptoms
- Surgery which removed your uterus and/or both ovaries
- Endometrial ablation
- Periods stopped on their own (naturally)
- Other reason. Please describe: _____

Source: modified combination of 10KFS and SEHS

[5.c.10.A - B] Breast cancer screening (Priority 2)

[5.c.10.A] Have you ever had a screening test for breast cancer (a mammogram)?

- Yes
- No

[If Yes,] **[5.c.10.B] How many years ago was the most recent one of these breast cancer screenings (a mammogram)**? _____years
- Less than one year ago

Source: MI-CARES

[5.c.11.A - B] Cervical cancer screening (Priority 2)

[5.c.11.A] Have you ever had a screening test for cervical smear (Pap smear) test?
- Yes
- No

[If Yes,] **[5.c.11.B] How many years ago was your most recent cervical smear (Pap smear) test**? _____years
- Less than one year ago

Source: MI-CARES

[5.c.12 – 5.c.19.A - B] Reproductive procedures (Priority 2)

Have you ever had any of the following diagnoses or procedures and at what age?

[A] Diagnosis or procedure	**[B] At what age? (enter number, ex., "12")**
[5.c.12] Polycystic ovarian syndrome (PCOS)	_____ years old
[5.c.13] Uterine fibroids	_____ years old
[5.c.14] Endometriosis	_____ years old
[5.c.15] Removal of uterus (hysterectomy)	_____ years old
[5.c.16] Removal of both ovaries	_____ years old
[5.c.17] Removal of both Fallopian tubes	_____ years old
[5.c.18] Tubal ligation (tubes tied)	_____ years old
[5.c.19] Endometrial ablation	_____ years old

Source: 10KFS

d. Medical History for Male Participants

Please skip any questions that you feel do not relate to you or that you are not comfortable answering.

[5.d.1 - 5.d.10.A - B] Male procedures (Priority 2)

Have you ever had any of the following diagnoses or procedures and at what age?

[A] Diagnosis or procedure	**[B] At what age? (enter number, ex., "12")**
[5.d.1.A] Enlarged prostate (BPH)	[5.d.1.B] _____ years old
[If Yes to BPH,] [5.d.1.C] Was it surgically treated (TURP or other)?	[5.d.1.D] -Yes -No
[5.d.2] Prostatitis (an inflammation of the prostate gland)	_____ years old
[5.d.3] Vasectomy	_____ years old
[5.d.4] Erectile dysfunction	_____ years old

[5.d.5] Male infertility problem	_____ years old
[5.d.6] Low sperm count	_____ years old
[5.d.7] Other sperm problem	_____ years old
[5.d.8] Undescended testicle	_____ years old
[5.d.9] Varicocele (an abnormal enlargement of veins in the scrotum)	_____ years old
[5.d.10] Hormone imbalance related to infertility	_____ years old

Source: 10KFS

[5.d.11.A-B] Prostate cancer screening (Priority 2)

[5.d.11.A] Have you ever had a blood test for prostate cancer (prostate specific antigen or PSA test)?

- Yes
- No

[If Yes,] **[5.d.11.B] How many years ago was your last blood test for prostate cancer**?

_____years

- Less than one year ago

Source: SEHS Follow Up Survey, MI-CARES (no longer asked)

[5.d.12] Puberty (Priority 3)

How early would you say your puberty was compared to your peers?

- Earlier than average
- About average
- Later than average

Source: MI-CARES Questionnaire

[5.d.13] Children (Priority 3)

How many children have you fathered?

_____

Source: MI-CARES Questionnaire

[5.d.14] HPV Vaccination (Priority 2)

Are you vaccinated for HPV (Human papillomavirus)?

- Yes
- No
- I don't know

Source: MI-CARES Questionnaire

6) Your Family's Health

[6.1] Mother cancer (Priority 2)

[6.1] Has your BIRTH MOTHER ever had cancer?

- Yes

○ No
○ Don't know
○ Decline to answer

If Yes,

[6.1.A] What kind of cancer did your BIRTH MOTHER have?	**[6.1.B] Was she diagnosed before she was 50 years old?**
○ Breast	○ Yes ○ No ○ Don't know
○ Colorectal	○ Yes ○ No ○ Don't know
○ Lung	○ Yes ○ No ○ Don't know
○ Ovarian	○ Yes ○ No ○ Don't know
○ Other (specify): _____	○ Yes ○ No ○ Don't know
○ Other (specify): _____	○ Yes ○ No ○ Don't know
○ Don't know	○ Yes ○ No ○ Don't know
○ Decline to answer	

Source: SEHS

[6.2] Father cancer (Priority 2)

[6.2] Has your BIRTH FATHER ever had cancer?

○ Yes
○ No
○ Don't know
○ Decline to answer

If Yes,

[6.2.A] What kind of cancer did your BIRTH FATHER have?	**[6.2.B] Was he diagnosed before he was 50 years old?**
○ Prostate	○ Yes ○ No ○ Don't know
○ Colorectal	○ Yes ○ No ○ Don't know
○ Lung	○ Yes ○ No ○ Don't know
○ Stomach	○ Yes ○ No ○ Don't know
○ Other (specify): _____	○ Yes ○ No ○ Don't know
○ Other (specify): _____	○ Yes ○ No ○ Don't know
○ Don't know	○ Yes ○ No ○ Don't know
○ Decline to answer	

Source: SEHS

[6.3] Siblings (Priority 3)

How many FULL SISTERS and BROTHERS do you have? (include any that may have died):

_ _ sisters and brothers
○ Don't know
○ Decline to answer

[6.4] Sibling cancer (Priority 3)

[6.4] If you have any FULL SISTERS OR BROTHERS, have any ever had cancer?

○ Yes
○ No
○ Don't know
○ Decline to answer

[6.4.A] If yes, what kind of cancer did she or he (or they) have?	**[6.4.B] How many sisters and brothers had this cancer?**	**[6.4.C] Were any sisters or brothers diagnosed before age 50?**
○ Prostate	__ __	○ Yes ○ No ○ Don't know
○ Colorectal	__ __	○ Yes ○ No ○ Don't know
○ Lung	__ __	○ Yes ○ No ○ Don't know
○ Stomach	__ __	○ Yes ○ No ○ Don't know
○ Other (specify): _____	__ __	○ Yes ○ No ○ Don't know
○ Other (specify): _____	__ __	○ Yes ○ No ○ Don't know
○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
○ Decline to answer		

Source: SEHS

7) Your Wellbeing (Stress, Global Health, Sleep)

[7.1 – 7.4] Stress (Priority 2)

Instructions: The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by selecting the option representing HOW OFTEN you felt or thought a certain way.

[7.1] In the last month, how often have you felt that you were unable to control the important things in your life?

- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

[7.2] In the last month, how often have you felt confident about your ability to handle your personal problems?

- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

[7.3] In the last month, how often have you felt that things were going your way?

- Never
- Almost Never
- Sometimes
- Fairly Often

- Very Often

[7.4] In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

Source: PSS-4 Perceived Stress Scale. Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396.

[7.5] Global Health (Priority 2)

In general, how would you say your health is?

- Excellent
- Very Good
- Good
- Fair
- Poor

Source: SEHS - General/Global Health EVGFP (different from EGFPT version used by MI-CARES)

[7.6] Sleep duration (Priority 3)

During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

HOURS OF SLEEP PER NIGHT_____

Source: Selected item from Pittsburgh Sleep Quality Index used in 10KFS (SEHS and MI-CARES include full PSQI)

[7.7] Sleep quality (Priority 3)

During the past month, how would you rate your sleep quality overall?

- Very good
- Fairly good
- Fairly bad
- Very bad

Source: Selected item from Pittsburgh Sleep Quality Index used in 10KFS (SEHS and MI-CARES include full PSQI)

[7.8] Awake (Priority 3)

During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

Source: Selected item from Pittsburgh Sleep Quality Index used in 10KFS (SEHS and MI-CARES include full PSQI)

8) Your Background (Demographics)

[8.1] Race and Ethnicity (Priority 1)

What is your race or ethnicity? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- None of these. Please specify: _____
- Decline to answer

Source: US OMB with additional categories for none and specify, decline.
https://www.federalregister.gov/documents/2023/01/27/2023-01635/initial-proposals-for-updating-ombs-race-and-ethnicity-statistical-standards

[8.3] Education (Priority 1)

What is the highest grade or year of school you completed?

- Less than high school graduate
- High school graduate
- Some college (including associate's degree or technical school)
- 4-year college graduate
- Advanced degree (Master's, PhD, Law, MD)
- Prefer not to answer

Source: MI-CARES

[8.4] Household Income (Priority 1)

Household income includes your income plus the income of all family members in your household for the last calendar year. Include all wages and other sources of income.

What is your annual household income from all sources?

- Less than $10,000
- $10,000- $24,999
- $25,000-$34,999
- $35,000-$49,999
- $50,000- $74,999
- $75,000-$99,999
- $100,000- $149,999
- $150,000- $199,999
- $200,000 or more
- Prefer not to answer

Source: https://www.researchallofus.org/wp-content/themes/research-hub-wordpress-theme/media/2020/12/Basics.pdf
All of Us, 2019

[8.5 - 8.6] Number of Adults / Children in household (Priority 1)

[8.5] How many people 18 years and older currently live in your household? Please enter a

number.
_____ (number of people 18 or older)

[8.6] How many people under 18 years-old currently live in your household? Please enter a number.
_____ (number of people under 18)

[8.7] Sex (Priority 1)

[8.7] What was your biological sex assigned at birth?

- Female
- Male
- Intersex
- None of these. Please specify: _____
- Decline to answer

Source: All of Us (Used in SEHS. Similar to STRIVE, MI-CARES, 10KFS)

[8.10] Current marital status (Priority 2)

Are you…

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

Source: https://www.phenxtoolkit.org/protocols/view/10903?origin=search
Behavioral Risk Factor Surveillance System (BRFSS) 2018 Core Section 8: Demographics Question C08.06. Include “Refused” option if interviewer-administered. Add “Decline to answer” or other skip option if self-administered.

[8.11] Health Insurance (Priority 2)

What is your current health insurance coverage? (please mark all that apply)

- No health insurance
  Or
- Medicaid
- Medicare
- Private insurance
- Military
- Other Type
- Don’t Know
- Decline to answer

Source: SEHS Survey

[8.12] Country of Birth (Priority 3)

Were you born in the United States?

- Yes
- No
- Don’t Know

- Decline to answer

Source: similar to MI-CARES, 10KFS, and
https://www.phenxtoolkit.org/protocols/view/10201?origin=search
U.S. Census Bureau. (2008). American Community Survey (ACS), 2008. Washington, DC: Author. Question number: Person 1, #7.

[8.14] Language (Priority 2)

Do you speak, read, or understand a language or dialect other than English?

- Yes
- No
- Decline to answer

Source: MI-CARES

9) Baseline Enrollment Characteristics

[9.1] Age at Enrollment in years (Priority 1)