Biobank QUESTIONNAIRE

Invitation Code:				
SURVEY QUESTIONS				
Q1a. Were you born in the United States?	☐1 Yes ☐2 No ☐3 Prefer not to answer			
If Q1 = Yes, skip to Q2				
Q1b. What country were you born in?	Country: ☐1 Prefer not to answer			
Q1c. What year did you first come to live in the United States?	Year: ☐1 Prefer not to answer			
Q2. What is the highest level of education you have?	☐1 Grade School ☐2 High school ☐3 GED ☐4 Vocational/trade school without high school or GED ☐6 Some college/Associate degree ☐7 College graduate (4 or 5 year program)	☐8 Master's degree (or other post-graduate training) ☐9 Doctoral degree (PhD, MD, EdD, DVM, DDS, JD, etc.) ☐10 Other professional qualifications e.g., nursing, teaching ☐11 None of the above ☐12 Prefer not to answer		
Q3. In general, would you say your health is:	☐1 Excellent ☐2 Very Good ☐3 Good ☐4 Fair ☐5 Poor ☐6 Prefer not to answer			
Q4. Does your health now limit you in these activities? If so, how much:	**Yes, limited a lot**	**Yes, limited a little**	**No, not limited at all**	**Prefer not to answer**
Q4a. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐1	☐2	☐3	☐4
Q4b. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	☐1	☐2	☐3	☐4
Q4c. Climbing several flights of stairs.	☐1	☐2	☐3	☐4
Q4d. Lifting or carrying groceries	☐1	☐2	☐3	☐4
Q4e. Climbing one flight of stairs	☐1	☐2	☐3	☐4
Q4f. Bending, kneeling, or stooping	☐1	☐2	☐3	☐4
Q4g. Walking more than a mile	☐1	☐2	☐3	☐4
Q4h. Walking several blocks	☐1	☐2	☐3	☐4
Q4i. Walking one block	☐1	☐2	☐3	☐4

Q4j. Bathing or dressing yourself	☐1	☐2	☐3	☐4

During the **past 4 weeks,** have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?	
Q5. Accomplished less than you would like.	☐1 Yes ☐2 No ☐3 Prefer not to answer
Q6. Were limited in the kind of work or other activities.	☐1 Yes ☐2 No ☐3 Prefer not to answer
During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?	
Q7. Accomplished less than you would like.	☐1 Yes ☐2 No ☐3 Prefer not to answer
Q8. Did work or activities less carefully than usual.	☐1 Yes ☐2 No ☐3 Prefer not to answer
Q9. During the **past 4 weeks**, how much **did pain interfere** with your normal work (including work outside the home and housework)?	☐1 Not at all ☐2 A little bit ☐3 Moderately ☐4 Quite a bit ☐5 Extremely ☐6 Prefer not to answer

These questions are about how you have been feeling during the **past 4 weeks.**

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks…**

	All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**	**Prefer not to answer**
Q10. Have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐6	☐7
Q11. Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6	☐7
Q12. Have you felt down hearted and blue?	☐1	☐2	☐3	☐4	☐5	☐6	☐7
Q13. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Q14. In your lifetime, have you smoked cigarettes a total of at least 100 times (equivalent to 5 packs)?	☐$_1$Yes ☐$_2$ No ☐$_3$ Prefer not to answer
If Q14 = No, go to Q15	
Q14a. Do you smoke tobacco now?	☐$_1$ Yes ☐$_2$ No ☐$_3$ Prefer not to answer
If Q14a=Yes, skip to Q14b	
Q14b. About how many cigarettes **do** you smoke on average each day?	☐$_1$ 1 to 5 ☐$_2$ 6 to 10 ☐$_3$ 11 to 15 ☐$_4$ 16 to 20 ☐$_5$ More than 20 ☐$_6$ Prefer not to answer
If Q14a = No, skip to Q14c	
Q14c. About how many cigarettes **did** you smoke on average each day?	☐$_1$ 1 to 5 ☐$_2$ 6 to 10 ☐$_3$ 11 to 15 ☐$_4$ 16 to 20 ☐$_5$ More than 20 ☐$_6$ Prefer not to answer
Q15. During the past 12 months, how many drinks of alcohol did you have in the typical week? One drink is equivalent to one 12 ounce can/bottle of beer, one glass of wine, or a drink containing a "shot" of liquor.	☐$_1$ None, do not drink alcohol ☐$_2$ An occasional drink, but less than once a week ☐$_3$ 1 to 3 drinks per week ☐$_4$ 4 to 7 drinks per week ☐$_5$ 8 to 14 drinks per week ☐$_6$ 15 to 21 drinks per week ☐$_7$ More than 21 drinks per week ☐$_8$ Prefer not to answer
If gender is male skip to Q20a	
Q16. How old were you when your periods started?	☐$_1$ 8 ☐$_2$ 9 ☐$_3$ 10 ☐$_4$ 11 ☐$_5$ 12 ☐$_6$ 13 ☐$_7$ 14 ☐$_8$ 15 ☐$_9$ 16 ☐$_{10}$ 17 ☐$_{11}$ 18 ☐$_{12}$ 19 ☐$_{13}$ 20 ☐$_{14}$ 21 or older ☐$_{15}$ Prefer not to answer
Q17. Have your periods stopped?	☐$_1$ Yes ☐$_2$ No ☐$_3$ Prefer not to answer

Q18. How many children have you given birth to?	☐$_1$ 0 ☐$_2$ 1 ☐$_3$ 2 ☐$_4$ 3 ☐$_5$ 4 ☐$_6$ 5 ☐$_7$ 6 ☐$_8$ 7 or more ☐$_9$ Prefer not to answer
Q19. How old were you when you gave birth to your FIRST child?	☐$_1$ under 18 ☐$_2$ 18 to 25 ☐$_3$ 26 to 30 ☐$_4$ 31 to 35 ☐$_5$ 36 to 40 ☐$_6$ 41 to 45 ☐$_7$ 46 or older ☐$_8$ Not applicable ☐$_9$ Prefer not to answer
Q20a. Have you ever had severe headaches that interfered with your ability to do chores, to work, or to go to school?	☐$_1$ Yes ☐$_2$ No ☐$_3$ Prefer not to answer
If Q20a = No, skip to end of questionnaire	
Q20b. How many of these headaches have you had in your lifetime?	☐$_1$ 1 to 2 severe headaches ☐$_2$ 3 to 4 severe headaches ☐$_3$ 5 to 10 severe headaches ☐$_4$ More than 10 severe headaches ☐$_5$ Prefer not to answer
Q20c. When you had severe headaches, how often did light bother you (more than when you do not have headaches)?	☐$_1$ Never ☐$_2$ Rarely ☐$_3$ Less than half the time ☐$_4$ More than half the time ☐$_5$ Prefer not to answer
Q20d. When you had severe headaches, how often did you feel nauseated or sick to your stomach?	☐$_1$ Never ☐$_2$ Rarely ☐$_3$ Less than half the time ☐$_4$ More than half the time ☐$_5$ Prefer not to answer
If both Q20c and Q20d are never or rarely, skip to end of questionnaire	
Q20e. How long has it been since you had one of these severe headaches?	☐$_1$ Less than 12 months ☐$_2$ 1 to 3 years ☐$_3$ More than 3 years ☐$_4$ Prefer not to answer