LGC: 01

KAISER PERMANENTE®

Research Program on
Genes, Environment, and Health

Women's Health Survey

Your responses to these questions will be used for research as part of the Kaiser Permanente Research Program on Genes, Environment, and Health. If you prefer, you may leave any question unanswered.

INSTRUCTIONS	
1. Use a number 2 pencil or black pen. Make no stray marks.	3. Example Correct = ● Incorrect = ◒ ⊠
2. Fill the circle completely, do not use check marks or x's.	4. Numeric Box Sample: 1 2 3 4 5 6 7 8 9 0

We appreciate you taking the time to complete this survey.

Remember ~

- √ You can complete this survey on the Web at **www.kaisersurvey.org**. To access the survey on the Web, you will need to use the username and password referenced on the cover letter that was sent with this survey.
- √ Your participation is completely **voluntary**.
- √ You can choose not to answer a particular question if you are uncomfortable doing so.
- √ Your responses will be kept **confidential.**
- √ Your decision to participate **will not** affect your healthcare, your membership with Kaiser Permanente, or the amount you pay for premiums and co-pays.
- √ If you have any questions, feel free to call us toll-free at 1-800-445-1158 or log on to www.dor.kaiser.org.

Thank you in advance for taking the time to complete this very important survey.

1. What is your date of birth?

Please fill all boxes for this question. Use a preceding 0 for single digit entries. Example: 0 1 / 0 1 / 1 9 8 7

☐☐ / ☐☐ / ☐☐☐☐
MO DAY YEAR

2. Were you born in the United States?

- ○ No ○ Yes ○ Don't know

3. Were you born at a Kaiser Permanente hospital?

- ○ No
- ○ Yes, Northern California
- ○ Yes, other region
- ○ Don't know

4. Are you a twin or triplet?

- ○ No
- ○ Yes, I am a twin
  - ➔ ○ Identical ○ Fraternal ○ Don't know
- ○ Yes, I am a triplet

5. What best describes your race or ethnicity?

Mark all groups that apply to you.

- ○ African-American
- ○ African
- ○ Afro-Caribbean
- ○ Mexican
- ○ Central/South American
- ○ Puerto Rican
- ○ Cuban
- ○ Other Latino/Hispanic
- ○ South Asian (Indian, Pakistani, etc.)
- ○ Chinese
- ○ Japanese
- ○ Korean
- ○ Filipino
- ○ Vietnamese
- ○ Other Southeast Asian (Cambodian, Laotian, etc.)
- ○ Native Hawaiian
- ○ Samoan
- ○ Other Pacific Islander
- ○ Native American Indian or Alaska Native
- ○ White or European-American
- ○ Middle Eastern
- ○ Ashkenazi Jewish
- ○ Other (please specify): ____________________
- ○ Don't know

6. Was your mother born in the United States?

- ○ No ○ Yes ○ Don't know

7. Was your father born in the United States?

- ○ No ○ Yes ○ Don't know

8. What is your religious background?

- ○ Buddhist
- ○ Catholic
- ○ Hindu
- ○ Jewish
- ○ Protestant
- ○ Muslim
- ○ None
- ○ Other (please specify):____________________

9. What is the highest level of school that you have completed?

- ○ Grade school (grades 1-8)
- ○ Some high school (grades 9-11)
- ○ High school or GED
- ○ Technical / trade school
- ○ Some college
- ○ College
- ○ Graduate school
- ○ Other: ____________________

10. What is your employment or work status?

Mark all that apply.

- ○ Full-time employed
- ○ Part-time employed
- ○ Retired
- ○ Disabled
- ○ Other (specify):____________________
- ○ Full-time student
- ○ Homemaker
- ○ Unemployed

11. What is your current marital status?

- ○ Never married
- ○ Married or living as married
- ○ Separated
- ○ Divorced
- ○ Widowed

12. Which of the following best describes you?

- ○ Heterosexual, straight
- ○ Bisexual
- ○ Other (specify): ____________________
- ○ Homosexual, lesbian

13. How many other people live in your household (include spouse, partner, children and other relatives)?

- ○ Live alone
- ○ One
- ○ Two
- ○ Three
- ○ Four or more

14. What best describes your household income (before taxes)?

- ○ Less than $10,000/yr
- ○ $10,000 – $14,999/yr
- ○ $15,000 – $19,999/yr
- ○ $20,000 – $39,999/yr
- ○ $40,000 – $59,999/yr
- ○ $60,000 – $99,999/yr
- ○ $100,000 – $199,999/yr
- ○ $200,000 or more/yr

15. In general, how would you describe your health?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

16. What is your height without shoes?

Feet: [|] Inches: [|] ○ Don't know

17. What is your weight without shoes?

Pounds: [| |] ○ Don't know

18. How much did you weigh at age 18?

Pounds: [| |] ○ Don't know

19. During the <u>past 7 days</u>, on how many days did you walk, for at least 10 minutes at a time, fast enough to cause your heart rate to increase somewhat?

○ None ○ 1-2 ○ 3-4 ○ 5-6 ○ Every day

➔ **IF no walking, skip to question 20**

a. On average, how many minutes did you spend walking each day you walked?

○ 10-19 ○ 20-29 ○ 30-59 ○ 60 or more

20. During the <u>past 7 days</u>, on how many days did you do exercise, sports or other physical activity that required moderate physical effort (other than walking), for at least 10 minutes at a time, and caused your heart rate to increase somewhat?

- ○ None
- ○ 1-2
- ○ 3-4
- ○ 5-6
- ○ Every day

➔ **IF no moderate activity, skip to question 21**

a. On average, how many minutes did you spend doing other moderate physical activity each day you did it?

○ 10-19 ○ 20-29 ○ 30-59 ○ 60 or more

21. During the <u>past 7 days</u>, on how many days did you do exercise, sports or other physical activity for at least 10 minutes at a time that was vigorous enough to work up a sweat or cause your heart rate to increase substantially?

○ None ○ 1-2 ○ 3-4 ○ 5-6 ○ Every day

➔ **IF no vigorous activity, skip to question 22**

a. On average, how many minutes did you spend doing vigorous physical activity each day you did it?

○ 10-19 ○ 20-29 ○ 30-59 ○ 60 or more

22. During the <u>past 7 days</u>, how much time per day outside of work did you spend watching TV, videos or DVDs, using a computer, reading, driving, or riding in a car or other vehicle?

- ○ Less than 1 hour
- ○ 1 hour up to 3 hours
- ○ 3 hours up to 5 hours
- ○ More than 5 hours

23. For each of the following foods or beverages, how often do you eat or drink them? *Using the past 12 months as a guide, please mark how often you usually eat or drink each of these foods.*

Food, food group, or beverage	I don't eat or drink this food	I eat or drink this food:				
		Less than Once/week	1-2 times/week	3-4 times/week	5-6 times/week	Every day
Vegetables	○	○	○	○	○	○
Fruits	○	○	○	○	○	○
Milk (whole, low-fat or skim)	○	○	○	○	○	○
Other dairy products (e.g., hard cheese, butter, ice-cream, yogurt, cottage cheese)	○	○	○	○	○	○
Whole eggs	○	○	○	○	○	○
Margarine (stick-type, not tub)	○	○	○	○	○	○
Whole grain foods (e.g., whole grain breads, brown rice)	○	○	○	○	○	○
Pasta, rice, noodles	○	○	○	○	○	○
Baked products (e.g., donuts, cookies, muffins, crackers, cakes, sweet rolls, pastries)	○	○	○	○	○	○
Beans	○	○	○	○	○	○
Nuts, seeds, peanut butter	○	○	○	○	○	○
Beef, pork or lamb as main dish	○	○	○	○	○	○
Processed meats (sausages, salami, bologna, hot dogs, bacon)	○	○	○	○	○	○
Poultry (chicken, turkey, etc.)	○	○	○	○	○	○
Fish / seafood	○	○	○	○	○	○
Deep fried foods (deep fried chicken, fish or seafood; French fries, onion rings)	○	○	○	○	○	○
Caffeinated coffee	○	○	○	○	○	○
Black / green tea	○	○	○	○	○	○
Soft drinks	○	○	○	○	○	○

24. For each of the following vitamins or supplements, how often do you take them? *Using the past 12 months as a guide, please mark how often you usually take each of these vitamins or supplements.*

Type of Vitamin or Supplement	I don't take this vitamin	I take this vitamin:				
		Less than once/week	1-2 times/week	3-4 times/week	5-6 times/week	Every day
Multivitamins	○	○	○	○	○	○
Vitamin C (Separate from Multivitamins)	○	○	○	○	○	○
Vitamin D (Separate from Multivitamins)	○	○	○	○	○	○
Vitamin E (Separate from Multivitamins)	○	○	○	○	○	○
Calcium (Separate from Multivitamins)	○	○	○	○	○	○
Iron (Separate from Multivitamins)	○	○	○	○	○	○
Selenium (Separate from Multivitamins)	○	○	○	○	○	○

25. In the past 2 years, how many of your prescriptions have you filled at a Kaiser Permanente pharmacy?

- ○ All (100%)
- ○ Almost all (81 - 99%)
- ○ Most (51 - 80%)
- ○ Some (21- 50%)
- ○ Very few (1 - 20%)
- ○ No prescriptions
- ○ Don't know

26. Have you ever had a bad reaction (or side effect) to a prescription medication that was serious enough that you had to go to the doctor or hospital for treatment of the reaction?

○ No ○ Yes ○ Don't know

➔ If yes, what is the name of the medication?

____

27. Do you have any allergies?

Mark all that apply.

- ○ Food allergies (e.g., shellfish, nuts)
- ○ Grasses, pollen, or dust
- ○ Pets
- ○ Insect stings or bites
- ○ Common medications (e.g., penicillin)
- ○ No known allergies

28. In the past year, have you had pain that wouldn't go away (chronic pain)?

- ○ None of the time
- ○ A little of the time
- ○ Some of the time
- ○ Most of the time
- ○ All of the time

29. Has a doctor or other health care provider ever told you that you have any of the following medical conditions?

If yes, please specify the age at which you were first told. Please tell us also if a family member (father, mother, brothers, sisters or children) has or had the condition.

Medical Condition	Do you have this condition?		Your age When told	Does, or did, a family member have this condition?	
	No	Yes		No	Yes
Sample: Diabetes – Type I	●	○	☐☐	○	●
Diabetes – Type I	○	○	☐☐	○	○
Diabetes – Type II	○	○	☐☐	○	○
Gestational diabetes (diagnosed during pregnancy)	○	○	☐☐	○	○
Angina / Heart attack	○	○	☐☐	○	○
Congestive heart failure	○	○	☐☐	○	○
Stroke	○	○	☐☐	○	○
Multiple sclerosis	○	○	☐☐	○	○
Crohn's disease or ulcerative colitis	○	○	☐☐	○	○
Systemic Lupus Erythematosus (SLE)	○	○	☐☐	○	○
Depression	○	○	☐☐	○	○
Bipolar disorder	○	○	☐☐	○	○
Panic disorder	○	○	☐☐	○	○
Asthma	○	○	☐☐	○	○
Cancer If yes, what kind(s)? ____________	○	○	☐☐	○	○
____________	○	○	☐☐	○	○
COPD or Emphysema	○	○	☐☐	○	○
ALS or Lou Gehrig's disease	○	○	☐☐	○	○
Parkinson's disease	○	○	☐☐	○	○
Dementia / Alzheimer's disease	○	○	☐☐	○	○
Dystonia, torticollis, blepharospasm	○	○	☐☐	○	○
Schizophrenia or other psychosis	○	○	☐☐	○	○
HIV / AIDS	○	○	☐☐	○	○
Chronic hepatitis	○	○	☐☐	○	○
Polycystic ovary syndrome (PCOS)	○	○	☐☐	○	○
Hypertension / high blood pressure	○	○	☐☐	○	○
Anorexia nervosa or Bulimia	○	○	☐☐	○	○
Restless legs syndrome	○	○	☐☐	○	○
Rheumatoid arthritis	○	○	☐☐	○	○
Other arthritis	○	○	☐☐	○	○
Osteoporosis	○	○	☐☐	○	○
Heartburn or acid regurgitation	○	○	☐☐	○	○

30. On average, how many days a week do you have a drink containing alcohol?

- ○ No days
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5 days
- ○ 6 days
- ○ Every day

31. On a typical day that you drink, how many drinks do you have?

- ○ None
- ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 or more

32. How many times in the past year have you had four or more drinks containing alcohol in a day?

(One standard drink is 12 ounces of beer, 5 ounces of wine, or a one-ounce shot of liquor.)

- ○ More than twice monthly (25 or more times)
- ○ Once or twice monthly (12-24 times)
- ○ Less than monthly (1-11 times)
- ○ I never drink 4 or more drinks in a day

33. Have you ever smoked one or more *cigarettes* per day for six months or longer?

- ○ No
- ○ Yes

➔ **IF you answered no, skip to question 34**

a. Do you currently smoke, or have you stopped smoking?

- ○ Current smoker
- ○ Former smoker

b. For about how many years have you smoked (or did you smoke) cigarettes altogether? (Do not count periods where you were not smoking or had quit.)

- ○ Less than 1 year
- ○ 1-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 16 or more years

c. On average how many packs of cigarettes do you (or did you) smoke per day?

- ○ less than ½ pack
- ○ ½ - 1 pack
- ○ 1 - 1½ packs
- ○ more than 1½ packs

34. At what age did you have your first menstrual period?

- ○ Less than 10 years
- ○ 10-11 years
- ○ 12-13 years
- ○ 14-15 years
- ○ 16 years or older
- ○ Don't know
- ○ Never had a menstrual period

35. Have you had a menstrual period in the past year?

- ○ Yes ➔ **What best describes your menstrual cycle?**
  - ○ I have regular periods
  - ○ I have irregular periods
  - ○ I have periods because I take hormones
- ○ No ➔ **Why?**
  - ○ Natural menopause
  - ○ Hysterectomy (Age: ☐☐)
  - ○ Recent pregnancy/breastfeeding
  - ○ Medical treatment
  - ○ Don't know

36. How many times have you been pregnant including miscarriages, stillbirths, tubal or ectopic pregnancies, abortions and livebirths?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four or more

➔ **IF you marked one or more above please answer the following questions:**

a. How many children have you given birth to?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four or more

b. How old were you when you gave birth for the first time?

- ○ Have not given birth
- ○ Less than 16 years
- ○ 16-19 years
- ○ 20-24 years
- ○ 25-29 years
- ○ 30-34 years
- ○ 35-39 years
- ○ 40 years or older
- ○ Don't know

37. Please tell us who completed this survey.

- ○ The person to whom the survey packet was addressed
- ○ Person to whom the survey packet was addressed, with help from someone else
- ○ Spouse/partner of the person to whom the packet was addressed
- ○ Other (specify):______________________

Thanks for taking the time to complete this survey!

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