

7. Since February 1, 1986, were you diagnosed for the first time by a doctor as having:

- NO YES SUGAR DIABETES
- NO YES HEART DISEASE OR ANGINA
- NO YES HEART ATTACK
- NO YES STROKE
- NO YES HIGH BLOOD PRESSURE (HYPERTENSION)
- NO YES BENIGN (Non-Cancerous) LUMPS OR CYSTS IN THE BREAST
- NO YES BREAST CANCER
- NO YES CANCER OTHER THAN BREAST CANCER

↓
If yes, please specify the type of cancer:

TYPE

8. Have you ever had a mammogram (radiographic examination of your breast) in a screening examination to detect breast cancer?

- NO → (Go to Question 9)
- YES → If YES, how many mammograms have you ever had?
 - 1
 - 2
 - 3
 - 4
 - 5 or more

When was your last mammogram?

- In the past 12 months
- 1-2 years ago
- 3-5 years ago
- 6-10 years ago
- More than 10 years ago

9. Are you currently using pills which contain ESTROGENS OR OTHER FEMALE HORMONES? (For example, for the change of life [menopause], after surgery, or for any other reason)

- NO YES

10. What is your current weight? (Without clothes and to the nearest pound)

Pounds

11. Drinking water may be related to your health.

A. What is your main source of drinking water at home?

- Municipal (City) Water System
- Rural Water System (includes Country Water System)
- Private Well
- Bottled Water purchased from a store or dealer
- Other
- Don't know

B. How long have you been drinking the type of water that you indicated above?

- Less than one year
- 1-5 years
- 6-10 years
- 11-20 years
- More than 20 years
- Don't know

12. Since February 1, 1986, did you:

A. Receive a blood transfusion (that is, receive whole blood donated from someone else after you had surgery, an accident, or lost blood for any other reason)?

- NO
- YES
- DON'T KNOW

B. Receive any other blood products such as blood plasma or gamma globulin, given into your vein or injected?

- NO
- YES
- DON'T KNOW

C. Receive any other fluid intravenously (given into your veins)?

- NO
- YES
- DON'T KNOW

THANK YOU FOR YOUR TIME AND COOPERATION. If you have any additional comments, you may include them in the space provided below. Please place the completed questionnaire in the postage-paid envelope provided, seal it, and mail it to us.

COMMENTS

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