1. What is your date of birth? [dd mm yyyy]
2. What is today’s date? [dd mm yyyy]
3. In general, how would you now rate your:
   (please cross the relevant boxes)
   overall health? [excellent good fair poor]
   memory? [excellent good fair poor]
   quality of life? [excellent good fair poor]
   quality of sleep? [excellent good fair poor]
   physical fitness? [excellent good fair poor]
   eyesight (with glasses, if worn)? [excellent good fair poor]
   hearing (best ear, with any aids)? [excellent good fair poor]
4. Do you:
   have difficulty bathing or dressing yourself? [No Yes]
   have difficulty walking up a flight of stairs? [No Yes]
   have a disability allowance, attendance allowance or blue badge? [No Yes]
5. How often do you contact (eg phone, meet, email):
   family? [rarely never monthly weekly fortnightly most days]
   friends? [rarely never monthly weekly fortnightly most days]
   groups (eg religious, WI, fitness, adult education)? [rarely never monthly weekly fortnightly most days]
6. In the last 5 years have you experienced:
   death of a spouse or partner? [No Yes]
   death of any other close relative or friend? [No Yes]
   divorce or permanent separation? [No Yes]
7. How often do you feel:
   tired during the day? [rarely never sometimes often almost always]
   in control? [rarely never sometimes often almost always]
   happy? [rarely never sometimes often almost always]
8. How many people live in your household? [number of people (incl. you)]
9. How many cars or vans are available for use in your household? [number of vehicles]
10. Is your household accommodation:
     rented? [ ] owned (or mortgaged)? [ ] other? [ ]
11. When you were about 10 years old,
     - was your household accommodation:
       rented? [ ] owned (or mortgaged) by your family? [ ] other? [ ]
     - did your household then have: (you can cross both boxes)
       running hot water? [ ] an indoor toilet? [ ]
     - how many people usually slept in your bedroom? (when you were 10 years old) [number of people (incl. you)]
12. Has your doctor ever said you had:
   Yes Age first diagnosed
   Breast cancer? [ ] years old
   Bowel (intestinal) cancer? [ ] years old
   Malignant melanoma? [ ] years old
   Cervix cancer/precancer? [ ] years old
   Womb (endometrial) cancer? [ ] years old
   Diabetes? [ ] years old
   High blood pressure? [ ] years old
   Osteoporosis? [ ] years old
13. In the last 5 years have you had any broken/fractured bones?
   No Yes
   - which bones? (you can cross more than one box)
     wrist arm spine hip ankle foot leg other
   - about when was your most recent fracture? [mm yy]
   - did your most recent fracture result from a fall?
     No Yes
14. How many recent falls have you had?
   Number of falls in past year (0 if none)
27. Have you ever used HRT?
- If Yes, - how many years in total?
- are you still using HRT?

28. Have you EVER used any of these osteoporosis drugs?
(you can cross more than one box)

29. If you EVER used any of the drugs listed in question 28,
- for how long?
- are you still using any of them?

30. Do you regularly take any of the following?
(you can cross more than one box)

31. About how many years is it since you last had:
(0 if screened less than one year ago; cross box if never screened)

a cervical smear test?
a breast cancer screen?
a bowel cancer screen?

32. Have you had a bone mineral density (eg DEXA) scan?
- If Yes, were you told your bone density was:

33. Have you had your blood pressure taken in the last 5 years?
- If Yes, were you told it was:
- what was your blood pressure?
YOUR DIET

34. Any major changes to your diet in the past 5 years?
   [ ] No  [ ] Yes because of illness  [ ] Yes for some other reason

35. Please cross the box(es) if in the past 5 years you:
   [ ] never ate fish  [ ] never ate meat or poultry  [ ] never ate dairy products  [ ] never ate eggs

36. About how many TIMES A WEEK do you usually eat:
   - the following vegetables? (0 if none usually)
     broccoli  [ ]
     cauliflower  [ ]
     cabbages or sprouts  [ ]
     cooked tomatoes  [ ]
     bean curd foods (eg soya, tofu)  [ ]
     baked beans or pulses (eg lentils, chickpeas)  [ ]
   - the following fruits? (number of times a week; 0 if none usually)
     an apple  [ ]
     a banana  [ ]
     a pear  [ ]
     prunes  [ ]
     an orange, satsuma, etc  [ ]
     a stone fruit (eg plum, apricot, peach)  [ ]
     grapes, berries  [ ]
     tinned fruit (except prunes)  [ ]
     dried fruit (except prunes)  [ ]

37. In total how many PIECES OF FRESH FRUIT A WEEK?
   number of pieces a week (count one apple, one banana, 10 grapes, 10 berries etc as one piece; 0 if none usually)

38. How many tablespoons of SALAD/VEGETABLE A WEEK?
   (number of tablespoons a week; 0 if none usually)
   raw tomatoes  [ ]
   raw vegetables (except tomato and green salad)  [ ]
   green salad  [ ]
   cooked vegetables (except potatoes)  [ ]

39. How much WHOLEMEAL BREAD A WEEK do you eat?
   (0 if none usually)
   Slices, rolls etc of wholemeal bread a week  [ ]
   not white or brown bread  [ ]

40. How many bowls of CEREAL A WEEK do you eat?
   All-Bran  [ ]
   bran flakes or muesli  [ ]
   wholewheat (eg Weetabix, Shredded wheat)  [ ]
   other cereal (eg oats, rice crispies, cornflakes)  [ ]

41. How much YOGURT A WEEK do you eat?
   dairy yogurt or desserts  [ ]
   soya yogurt or desserts  [ ]
   number of small pots  [ ]
   number of small pots  [ ]

42. About how many TIMES A WEEK do you usually eat:
   any fish (fresh or tinned)  [ ]
   tuna  [ ]
   oily fish (salmon, sardines, trout, mackerel, etc)  [ ]
   any meat or poultry (fresh or processed)  [ ]
   any poultry (chicken, turkey, etc)  [ ]
   any processed meat (bacon, ham, sausages, etc)  [ ]

43. How much TEA do you usually drink?
   - do you have your tea:
     very hot  [ ]
     hot  [ ]
     warm  [ ]
     cool  [ ]
   - do you usually add:
     milk  [ ]
     sugar  [ ]
     artificial sweetener  [ ]

44. How much COFFEE do you usually drink?
   - do you have your coffee:
     very hot  [ ]
     hot  [ ]
     warm  [ ]
     cool  [ ]
   - do you usually add:
     milk  [ ]
     sugar  [ ]
     artificial sweetener  [ ]

45. On average, how much MILK A WEEK do you drink?
   include milk in cereal, cocoa, tea, coffee, cooking etc
   [ ] pints OR [ ] litres (0 if less than one)

46. Which type of milk do you use most often?
   [ ] cow’s milk  [ ] soya milk  [ ] other/none

47. How frequently are you troubled by:
   rarely/never  [ ]
   less than weekly  [ ]
   about weekly  [ ]
   more often  [ ]
   bleeding gums?  [ ]
   difficulty swallowing?  [ ]
   reflux/heartburn?  [ ]
   constipation?  [ ]
   intestinal gas (flatulence)?  [ ]
   diarrhoea?  [ ]

48. About how many bowel movements (motions) do you have each week?
   [ ] times a week

WEIGHT AND HEIGHT

49. About how much do you weigh now?
   [ ] stone  [ ] lbs OR [ ] kgs

50. Compared to about 5 years ago, have you lost weight?
   [ ] No  [ ] Yes
   If Yes, how did you lose it? (you can cross more than one box)
   [ ] dieting  [ ] exercise  [ ] illness  [ ] other

51. What is your:
   waist measurement? [ ] inches OR [ ] cms
   hip measurement? [ ] inches OR [ ] cms

52. What size clothes do you wear now? (you can cross more than one box if the size varies)
   [ ] 10 or less  [ ] 12  [ ] 14  [ ] 16  [ ] 18  [ ] 20+

53. Are you shorter now than when you were in your 20s/30s?
   [ ] no  [ ] a little shorter  [ ] noticeably shorter

54. About how tall are you now?
   [ ] feet  [ ] inches OR [ ] cms
**ALCOHOL AND TOBACCO**

55. Have you EVER had an alcoholic drink?  
   ☐ No, I am a lifelong non-drinker (go to 58)  ☐ Yes

56. Did you have an alcoholic drink in the past year?  
   ☐ No  ☐ Yes
   - If No, age when you last drank alcohol ____ years old

57. About how many “units” a week, now and in the past?  
   a unit = glass of wine, half pint of beer or cider, or 25ml tot of spirits
   in past year ____ units of alcohol a week, in total  
   (0 if less than one)
   in your 40s ____ units of alcohol a week, in total
   in your 20s ____ units of alcohol a week, in total

58. Have you EVER smoked tobacco?  
   ☐ Never (go to 64)  ☐ Current smoker  ☐ Ex-smoker

59. Current smokers: might you quit in the next 5 years?  
   ☐ No  ☐ Yes  ☐ not sure

60. Ex-smokers: might you restart in the next 5 years?  
   ☐ No  ☐ Yes  ☐ not sure

61. Give your ages at starting/stopping, as best you can:
   (or cross box if not applicable)
   - first smoked any tobacco ____ years old
   - began smoking regularly (daily, or on most days) ____ years old, or  N/A
   - first seriously quit ____ years old, or  N/A
   - last smoked regularly ____ years old, or  N/A
   - last smoked any tobacco ____ years old, or  N/A

62. How much do/did you generally inhale?  
   ☐ slightly  ☐ moderately  ☐ deeply

63. How many cigarettes a day, now and in the past?  
   in past year ____ typical number of cigarettes a day  
   (0 if less than one cigarette a day)
   in your 40s ____ typical number of cigarettes a day
   in your 20s ____ typical number of cigarettes a day

**MEDICAL HISTORY: YOU AND YOUR FAMILY**

64. Have YOU (even if already reported) or any of your BLOOD RELATIVES ever had, to your knowledge:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother/father</td>
<td>heart attack</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>sister/brother</td>
<td>other heart disease</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<td></td>
<td>stroke</td>
<td>☐</td>
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<td>☐</td>
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<td></td>
<td>high blood pressure</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>diabetes</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>severe arthritis</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>hip fracture</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>osteoporosis</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td></td>
<td>asthma</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>emphysema or chronic bronchitis</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td></td>
<td>glaucoma</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td></td>
<td>Parkinson’s disease</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>Alzheimer’s disease</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>other dementia</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>severe depression</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>breast cancer</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>bowel cancer</td>
<td>☐</td>
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<td></td>
<td>lung cancer</td>
<td>☐</td>
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<tr>
<td></td>
<td>skin cancer</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td></td>
<td>prostate cancer</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

**FINALLY…**

65. Are you now in paid work?  
   ☐ No  ☐ Yes - full time  ☐ Yes - part time

66. Have you worked for a total of 10 years or more as a:  
   (you can cross more than one box)
   - secretary/clerk?  ☐  ☐  ☐
   - hairdresser?  ☐  ☐  ☐
   - cook?  ☐  ☐  ☐
   - shop worker?  ☐  ☐  ☐
   - gardener?  ☐  ☐  ☐
   - teacher?  ☐  ☐  ☐
   - factory worker?  ☐  ☐  ☐
   - farm worker?  ☐  ☐  ☐
   - flight attendant?  ☐  ☐  ☐
   - waitress?  ☐  ☐  ☐
   - bar worker?  ☐  ☐  ☐
   - cleaner?  ☐  ☐  ☐
   - telephonist?  ☐  ☐  ☐

67. How much do you talk on a mobile phone?  
   ☐ minutes per week  (0 if none)
   - How long have you used a mobile phone?  
     ____ total years  (0 if less than one)

68. Have you ever regularly used:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>mouthwash?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>underarm deodorant?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>talcum powder for feminine hygiene?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>a sunbed?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

69. What is your eye colour?  
   ☐ blue  ☐ grey  ☐ brown/black  ☐ green  ☐ hazel  ☐ other/not sure

70. Compared to other women, do you have:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>fewer freckles?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>more freckles?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>about average?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>fewer moles?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>more moles?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>about average?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

71. If you go out in the summer sun do you:  
   (you can cross more than one)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>burn easily?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>tan easily?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>rarely tan?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

72. In the last 5 years about how many holidays did you take in sunny places?  
   ____ number of holidays

73. In which country were you born?  
   eg  W A L I E S

74. Optional: print your email address below if you might consider answering similar questions online in the future

75. Optional: write your phone number (with area code)

76. If your name/address has CHANGED or is incorrect please give the correct details below

Thank you for your help! Professor Valerie Beral, University of Oxford, FREEPOST OX3 7DG. Please post the completed form back to me.