Study ID#: _____

Date of Interview: /__/__/ /__/__/ /__/__/__/__/
(Month) (Day) (Year)

Interviewer: _____

PERSONAL BEHAVIORS AND LIFESTYLE QUESTIONNAIRE

(PART 2)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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SECTION E. OTHER DRUG USE

This next section refers to nonprescription pain relievers you might have taken before_____.
(REFERENCE DATE)

MEDICATION	E1. Have you ever taken (A-S):	E2. Have you taken this medication at least two or more times a week for one month or longer?	E3. How old were you when you started taking this medication regularly?	E4. How old were you when you stopped taking this medication regularly?
A. Aspirin type pain medication such as aspirin?	YES 1 NO 5 (E1B)	YES 1 NO 5 (E1B)	/____/____/ AGE	/____/____/ AGE CURRENT 995
B. Buffered Aspirin?	YES 1 NO 5 (E1C)	YES 1 NO 5 (E1C)	/____/____/ AGE	/____/____/ AGE CURRENT 995
C. Arthritis Pain Formula, Arthritis Strength Bufferin?	YES 1 NO 5 (E1D)	YES 1 NO 5 (E1D)	/____/____/ AGE	/____/____/ AGE CURRENT 995
D. Anacin?	YES 1 NO 5 (E1E)	YES 1 NO 5 (E1E)	/____/____/ AGE	/____/____/ AGE CURRENT 995
E. APC or PAC Tablets?	YES 1 NO 5 (E1F)	YES 1 NO 5 (E1F)	/____/____/ AGE	/____/____/ AGE CURRENT 995
F. Ascription?	YES 1 NO 5 (E1G)	YES 1 NO 5 (E1G)	/____/____/ AGE	/____/____/ AGE CURRENT 995

G.	Cama?	YES 1 NO 5 (E1H)	YES 1 NO 5 (E1H)	/____/____/ AGE	/____/____/ AGE CURRENT 995
H.	Empirin Compounds without Codeine?	YES 1 NO 5 (E1I)	YES 1 NO 5 (E1I)	/____/____/ AGE	/____/____/ AGE CURRENT 995
I.	Momentum?	YES 1 NO 5 (E1J)	YES 1 NO 5 (E1J)	/____/____/ AGE	/____/____/ AGE CURRENT 995
J.	Compounds with Acetaminophen such as Tylenol?	YES 1 NO 5 (E1K)	YES 1 NO 5 (E1K)	/____/____/ AGE	/____/____/ AGE CURRENT 995
K.	Aspirin Free Anacin 3?	YES 1 NO 5 (E1L)	YES 1 NO 5 (E1L)	/____/____/ AGE	/____/____/ AGE CURRENT 995
L.	Datril?	YES 1 NO 5 (E1M)	YES 1 NO 5 (E1M)	/____/____/ AGE	/____/____/ AGE CURRENT 995
M.	Aminofen?	YES 1 NO 5 (E1N)	YES 1 NO 5 (E1N)	/____/____/ AGE	/____/____/ AGE CURRENT 995
N.	Valadol?	YES 1 NO 5 (E1O)	YES 1 NO 5 (E1O)	/____/____/ AGE	/____/____/ AGE CURRENT 995

O.	Compounds with Ibuprofen such as Advil?	YES 1 NO 5 (E1P)	YES 1 NO 5 (E1P)	/____/____/ AGE	/____/____/ AGE CURRENT 995
P.	Nuprin?	YES 1 NO 5 (E1Q)	YES 1 NO 5 (E1Q)	/____/____/ AGE	/____/____/ AGE CURRENT 995
Q.	Medache?	YES 1 NO 5 (E1R)	YES 1 NO 5 (E1R)	/____/____/ AGE	/____/____/ AGE CURRENT 995
R.	Other compounds such as Arthralgen?	YES 1 NO 5 (E1S)	YES 1 NO 5 (E1S)	/____/____/ AGE	/____/____/ AGE CURRENT 995
S.	Excedrin--PM, Aspirin Free, or Extra Strength?	YES 1 NO 5 (SECT F)	YES 1 NO 5 (SECT F)	/____/____/ AGE	/____/____/ AGE CURRENT 995

E5. How many total months and/or years (have you taken/did you take) this medication regularly?	E6. How much (do/did) you normally take per day, week, or month?	E7. What condition or conditions (do you take/were you taking) this medicine for?
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

SECTION F. COMPLEMENTARY MEDICINE

SELF-CARE TECHNIQUE	F1. Since you were 13-years-old, have you ever done (A-K) on your own?	F2. How old were you when you started doing (A-K)?	F3. How old were you when you stopped doing (A-K)?	F4. How many months or years (did you do/have you done) (A-K)?	F5. How many times per week, month, or year (did/do) you do (A-K)?
A. Relaxation exercises	YES 1 NO 5 (F1B)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
B. Meditation	YES 1 NO 5 (F1C)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
C. Self-Hypnosis	YES 1 NO 5 (F1D)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
D. Yoga	YES 1 NO 5 (F1E)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
E. Tai Chi	YES 1 NO 5 (F1F)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3

F. Qi gong	YES 1 NO 5 (F1G)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
G. Imagery or visualization	YES 1 NO 5 (F1H)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
H. Prayer	YES 1 NO 5 (F1I)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
I. Accupressure or shiatsu	YES 1 NO 5 (F1J)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
J. Self-massage	YES 1 NO 5 (F1K)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
K. Reiki, therapeutic touch or healing touch	YES 1 NO 5 (F6)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3

THERAPY	F6. Since you were 13-years-old, did you have (A-M) done by a practitioner?	F7. How old were you when you started (A-M)?	F8. How old were you when you stopped (A-M)?	F9. How many months or years did you have (A-M)?	F10. How many times per week, month, or year (did/do) you have (A-M)?
A. Biofeedback	YES 1 NO 5 (F6B)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
B. Hypnosis	YES 1 NO 5 (F6C)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
C. Acupuncture	YES 1 NO 5 (F6D)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
D. Acupressure or shiatsu	YES 1 NO 5 (F6E)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
E. Reiki, therapeutic or healing touch	YES 1 NO 5 (F6F)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
F. Chiropractic or osteopathic manipulation	YES 1 NO 5 (F6G)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3

G. Massage	YES 1 NO 5 (F6H)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
H. Craniosacral therapy	YES 1 NO 5 (F6I)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
I. Rolfing or structural integration	YES 1 NO 5 (F6J)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
J. Alexander technique	YES 1 NO 5 (F6K)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
K. Hypnosis	YES 1 NO 5 (F6L)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
L. Feldenkrais	YES 1 NO 5 (F6M)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3
M. Trager	YES 1 NO 5 (F11)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3

F11. Since you were 13-years-old, have you participated in a self-help or support group?	F12. How old were you when you started going to a group?	F13. How old were you when you stopped going to a group?	F14. How many months or years (did/do) you participate in a self-help or support group?	F15. How many times per week, month, or year (did/do) you participate in a self-help group?
YES 1 NO 5 (F16A)	/____/____/ AGE	/____/____/ AGE CURRENT 995	/____/____/ MONTHS 1 YEARS 2	/____/____/ TIMES PER WEEK 1 MONTH 2 YEAR 3

HERB	F16. Since you were 13-years-old, have you taken (A-T) in tincture, tea, extract, infusion, powered, capsule, or pill form?	F17. How old were you when you started taking (A-T)?	F18. How old were you when you stopped taking (A-T)?
A. Chinese ginseng	YES 1 NO 5 (F16B)	/____/____/ AGE	/____/____/ AGE CURRENT 995
B. Korean ginseng	YES 1 NO 5 (F16C)	/____/____/ AGE	/____/____/ AGE CURRENT 995
C. American ginseng	YES 1 NO 5 (F16D)	/____/____/ AGE	/____/____/ AGE CURRENT 995
D. Siberian ginseng (Eleutherococcus)	YES 1 NO 5 (F16E)	/____/____/ AGE	/____/____/ AGE CURRENT 995
E. An unknown type of ginseng	YES 1 NO 5 (F16F)	/____/____/ AGE	/____/____/ AGE CURRENT 995
F. Evening primrose oil	YES 1 NO 5 (F16G)	/____/____/ AGE	/____/____/ AGE CURRENT 995
G. Dong quia (Angelica sinensis)	YES 1 NO 5 (F16H)	/____/____/ AGE	/____/____/ AGE CURRENT 995
H. Oat straw	YES 1 NO 5 (F16I)	/____/____/ AGE	/____/____/ AGE CURRENT 995

I. Licorice	YES 1 NO 5 (F16J)	/____/____/ AGE	/____/____/ AGE CURRENT 995
J. Vitex (Chaste-tree berry)	YES 1 NO 5 (F16K)	/____/____/ AGE	/____/____/ AGE CURRENT 995
K. Sage	YES 1 NO 5 (F16L)	/____/____/ AGE	/____/____/ AGE CURRENT 995
L. Black cohosh	YES 1 NO 5 (F16M)	/____/____/ AGE	/____/____/ AGE CURRENT 995
M. Red clover	YES 1 NO 5 (F16N)	/____/____/ AGE	/____/____/ AGE CURRENT 995
N. Burdock	YES 1 NO 5 (F16O)	/____/____/ AGE	/____/____/ AGE CURRENT 995
O. Chinese herb mixture	YES 1 NO 5 (F16P)	/____/____/ AGE	/____/____/ AGE CURRENT 995
P. Ayurvedic herb mixture	YES 1 NO 5 (F16Q)	/____/____/ AGE	/____/____/ AGE CURRENT 995
Q. Kampo (Japanese) herb mixture	YES 1 NO 5 (F16R)	/____/____/ AGE	/____/____/ AGE CURRENT 995

R. Tibetan herb mixture	YES 1 NO 5 (F16S)	/____/____/ AGE	/____/____/ AGE CURRENT 995
S. Western herb mixture	YES 1 NO 5 (F16T)	/____/____/ AGE	/____/____/ AGE CURRENT 995
T. Other herb (SPECIFY):_____ _____	YES 1 NO 5 (F19A)	/____/____/ AGE	/____/____/ AGE CURRENT 995
VITAMIN SUPPLEMENT	F19. Since you were 13-years-old, have you taken (A-R)?	F20. How old were you when you started taking (A-R)?	F21. How old were you when you stopped taking (A-R)?
A. Multivitamin	YES 1 NO 5 (F19B)	/____/____/ AGE	/____/____/ AGE CURRENT 995
B. Vitamin A	YES 1 NO 5 (F19C)	/____/____/ AGE	/____/____/ AGE CURRENT 995
C. Vitamin C	YES 1 NO 5 (F19D)	/____/____/ AGE	/____/____/ AGE CURRENT 995
D. Vitamin D	YES 1 NO 5 (F19E)	/____/____/ AGE	/____/____/ AGE CURRENT 995
E. Vitamin E	YES 1 NO 5 (F19F)	/____/____/ AGE	/____/____/ AGE CURRENT 995

F. Calcium	YES 1 NO 5 (F19G)	/____/____/ AGE	/____/____/ AGE CURRENT 995
G. Magnesium	YES 1 NO 5 (F19H)	/____/____/ AGE	/____/____/ AGE CURRENT 995
H. Iron	YES 1 NO 5 (F19I)	/____/____/ AGE	/____/____/ AGE CURRENT 995
I. Selenium	YES 1 NO 5 (F19J)	/____/____/ AGE	/____/____/ AGE CURRENT 995
J. Zinc	YES 1 NO 5 (F19K)	/____/____/ AGE	/____/____/ AGE CURRENT 995
K. Coenzyme Q10	YES 1 NO 5 (F19L)	/____/____/ AGE	/____/____/ AGE CURRENT 995
L. DHEA	YES 1 NO 5 (F19M)	/____/____/ AGE	/____/____/ AGE CURRENT 995
M. Melatonin	YES 1 NO 5 (F19N)	/____/____/ AGE	/____/____/ AGE CURRENT 995
N. Adrenal extract	YES 1 NO 5 (F19O)	/____/____/ AGE	/____/____/ AGE CURRENT 995

O. Pancreatic enzymes	YES 1 NO 5 (F19P)	/____/____/ AGE	/____/____/ AGE CURRENT 995
P. Homeopathic remedies	YES 1 NO 5 (F19Q)	/____/____/ AGE	/____/____/ AGE CURRENT 995
Q. Bach flower remedies	YES 1 NO 5 (F19R)	/____/____/ AGE	/____/____/ AGE CURRENT 995
R. Other (SPECIFY):_____ _____	YES 1 NO 5 (STOP)	/____/____/ AGE	/____/____/ AGE CURRENT 995