5. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?
   ___ Times last month

6. In the next 12 months, how many thousands of miles will you probably travel (as a driver or passenger) by each of the following?
   a. Car, truck or van ____ ,000 miles (10,000 is average)
   b. Motorcycle ____ ,000 miles

7. What percent of the time do you usually buckle your safety belt when driving or riding?
   ___ %

8. On the average, how close to the speed limit do you usually drive?
   ___ (1) Within 5 mph of the speed limit
   ___ (2) 6-10 mph over the limit
   ___ (3) 11-15 mph over the limit
   ___ (4) More than 15 mph over the limit

9. When riding a motorcycle or all-terrain vehicle, what percent of the time do you wear a helmet?
   ___ (1) More than 75% of the time
   ___ (2) 25-74% of the time
   ___ (3) Less than 25% of the time
   ___ (4) Does not apply to me

10. How often do you eat food that is high in fiber such as whole grain bread, cereal, fresh fruits or vegetables?
    ___ (1) Daily
    ___ (2) 5-6 days a week
    ___ (3) 3-4 days a week
    ___ (4) 1-2 days a week
    ___ (5) Rarely never

11. How often do you eat food that is high in cholesterol or fat, such as fatty meats, cheese, fried foods or eggs?
    ___ (1) Daily
    ___ (2) 5-6 days a week
    ___ (3) 3-4 days a week
    ___ (4) 1-2 days a week
    ___ (5) Rarely never
12. On the average, how many times per week do you engage in physical activity, exercise or work which increases the heart rate, causes you to breathe and sweat heavily, and is done for at least 20 minutes in duration? Examples include running, swimming, racquet sports, cycling, brisk walking or heavy labor, e.g., chopping, lifting, digging, etc.

_____ (1) Less than 1 time per week
_____ (2) 1 or 2 times per week
_____ (3) At least 3 times per week

13. How many hours of sleep do you usually get a night? (check one)

_____ (1) 6 hours or less
_____ (2) 7 hours
_____ (3) 8 hours
_____ (4) 9 hours or more

14. Would you participate in a program that would help you to enhance your overall health?

_____ (1) Yes
_____ (2) No
_____ (3) Not sure

15. Have you made any of the following changes to enhance your health during the last 12 months? (check one on each line)

I have exercised more

_____ (1) Yes _____ (2) No _____ (3) I didn't need to change

I have lost weight

_____ (1) Yes _____ (2) No _____ (3) I didn't need to change

I have reduced alcohol use

_____ (1) Yes _____ (2) No _____ (3) I didn't need to change

I have quit or cut down on smoking

_____ (1) Yes _____ (2) No _____ (3) I didn't need to change

I have reduced fat and cholesterol intake

_____ (1) Yes _____ (2) No _____ (3) I didn't need to change

I have coped better with stress

_____ (1) Yes _____ (2) No _____ (3) I didn't need to change
21. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? (For example, a job loss, disability, divorce, separation, jail term, or the death of someone close to you.)

   (1) Yes, two or more serious losses
   (2) Yes, one serious loss or misfortune
   (3) No

22. How many times in the past year did you witness or become involved in a violent fight or attack where there was a good chance of serious injury to someone? (check one)

   (1) 4 or more times
   (2) 2 or 3 times
   (3) Once or never
   (4) Not sure

23. Would you agree you have your life in perspective?

   (1) Strongly agree
   (2) Agree
   (3) Neutral
   (4) Disagree
   (5) Strongly disagree

24. Concerning your daily life, would you agree that you have control over the day to day decisions affecting your function or performance? (check one)

   (1) Strongly agree
   (2) Agree
   (3) Neutral
   (4) Disagree
   (5) Strongly disagree

25. In the past year, how many days of work or school have you missed due to personal illness? (check one)

   (1) 0-days
   (2) 1-2 days
   (3) 3-5 days
   (4) 6-10 days
   (5) 11-15 days
   (6) 16 days or more
   (7) Not currently employed or going to school.
29. About how long has it been since you had a rectal exam?
   (1) Less than 1 year ago
   (2) 1-2 years ago
   (3) 2-3 years ago
   (4) 3 or more years ago
   (5) Never

30. Do you suffer from back pain?
   (1) Yes
   (2) No

31. Are you now taking medicine for high blood pressure?
   (1) Yes
   (2) No

32a. How long has it been since your last breast x-ray (mammogram)?
   (1) Less than 1 year ago
   (2) 1-2 years ago
   (3) 2-3 years ago
   (4) 3 or more years ago
   (5) Never had one

32b. How many women in your natural family (mother and sisters only) have had breast cancer?
   Women

32c. Have you had a hysterectomy operation?
   (1) Yes
   (2) No
   (3) I'm not sure

32d. How long has it been since you had a Pap smear test?
   (1) Less than 1 year ago
   (2) 1-2 years ago
   (3) 2-3 years ago
   (4) 3 or more years ago
   (5) Never had one
35. How do you classify your current work?

Non-manufacturing
01 □ advertising, public relations
02 □ agriculture, forestry, fisheries
03 □ banking
04 □ communications
05 □ construction
06 □ computer or information systems
07 □ education
08 □ entertainment, leisure
09 □ finance-credit
10 □ government agencies
11 □ health care professional
12 □ insurance
13 □ investment banking and securities
14 □ military service
15 □ mining
16 □ professional services
17 □ public utilities
18 □ real estate, land development
19 □ retail trade
20 □ transportation, all kinds
21 □ wholesale trade

Manufacturing
22 □ aerospace
23 □ apparel
24 □ automotive
25 □ building products
26 □ chemicals
27 □ computer or office technology
28 □ electrical machinery
29 □ electronics and electrical products
30 □ fabricated metals
31 □ food
32 □ non-electrical machinery
33 □ packaging
34 □ paper
35 □ petroleum
36 □ pharmaceuticals
37 □ plastic and rubber
38 □ primary metals
39 □ printing, publishing
40 □ textiles
41 □ transportation equipment

Other
42 □ student
43 □ retired
44 □ laid off
45 □ homemaker
46 □ volunteer
47 □ unemployed

36. In case we need to get old films:
When was your last chest x-ray 19 ___
What hospital or doctors office was your chest x-ray performed at? __________________________

37. Females Only
When was your last mammogram 19 ___
What hospital was your mammogram performed at? __________________________

38. Did someone who lived with you work at the Fernald Plant?
____ NO Name: __________________________
____ YES Relationship: __________________________
Dates worked at the plant: 19 ___ ___ ___ ___