1. What is your date of birth?

2. What is today’s date?

3. Do you eat any meat?
   Yes ☐ No ☐
   If yes, how many times a week do you eat meat?
   times a week
   If no, how old were you when you last ate meat?
   years old

4. Do you eat any fish?
   Yes ☐ No ☐
   If yes, how many times a month do you eat the following?
   times a month
   Fatty fish
   Other fish
   If no, how old were you when you last ate fish?
   years old

5. Do you eat any dairy products?
   Yes ☐ No ☐
   If no, how old were you when you last ate dairy products?
   years old

6. Do you eat any eggs?
   Yes ☐ No ☐
   If yes, how many eggs do you eat each week?
   eggs each week
   If no, how old were you when you last ate eggs?
   years old

7. What type of milk do you use most often?
   Full cream ☐
   Semi-skimmed ☐
   Skimmed/fat-free ☐
   Soya milk fortified with calcium ☐
   Soya milk not fortified with calcium ☐
   Goat's or sheep's milk ☐
   Other ☐
   None ☐

How much milk do you drink each day, including milk with tea, coffee, cereals, etc.?

Less than quarter of a pint (<150 ml) ☐
Quarter of a pint (150 ml) ☐
Half a pint (300 ml) ☐
Three quarters of a pint (450 ml) ☐
One pint or more (>600 ml) ☐
None ☐
### QUESTIONS ABOUT YOUR LIFESTYLE

**8. What type of spread do you normally use on bread, crispbreads, etc.?**

- **Butter**
- Dairy spread *e.g.* Clover
- Low or reduced fat spread
- Olive oil based spread
- Polyunsaturated margarine
- Soya margarine or other dairy free margarine
- Cholesterol lowering spread *e.g.* Benecol, Flora pro-activ

**9. Which type of bread do you normally eat?**

- White bread
- Wholemeal bread
- Brown bread
- Other

**10. What type of breakfast cereal do you normally eat?**

- Bran cereal *e.g.* Branflakes
- Wholewheat cereal *e.g.* Weetabix
- Muesli, oat clusters, etc.
- Other *e.g.* cornflakes, Rice Krispies
- Porridge, hot oat cereal

**11. How often do you eat the following foods?**

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Never</th>
<th>Seldom</th>
<th>Once a week</th>
<th>2-4 times a week</th>
<th>5-6 times a week</th>
<th>Once or more a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dried fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salad/raw vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peanut butter, salted nuts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other nuts and seeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12. How often do you eat the following soya foods?**

<table>
<thead>
<tr>
<th>Soya Food Type</th>
<th>Never</th>
<th>Seldom</th>
<th>Once a week</th>
<th>2-4 times a week</th>
<th>5-6 times a week</th>
<th>Once or more a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tofu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy meat, burgers, TVP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy yoghurt, soya desserts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**13. How much alcohol do you drink each week?**

- **Beer, lager or cider glasses each week**
- **Sherry or fortified wine glasses each week**
- **Spirits - whisky, gin, brandy glasses each week**
- **Red wine glasses each week**
- **White wine glasses each week**

**14. Have you ever smoked cigarettes?**

- Yes
- No

If you have stopped smoking cigarettes, how old were you when you gave up?

If you smoke now, how many cigarettes do you usually smoke each day?

**15. Do you smoke cigars?**

- Yes
- No

**16. Do you smoke a pipe?**

- Yes
- No

**17. Do you currently have a paid job?**

- Yes, full-time
- Yes, part-time
- No

If yes, we would like to know the type and amount of physical activity involved in your work. Please put a cross in the appropriate box.

**Sedentary occupation**

you spend most of your time sitting (such as in an office)

**Standing or walking occupation**

you spend most of your time standing or walking, but your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

**Manual work**

this involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

**Heavy manual work**

this involves very vigorous physical activity including handling very heavy objects (e.g. bricklayer, construction worker)

**18. How do you normally travel to work?**

- Car or motorbike
- Walking
- Public transport
- Bicycle
- Do not have to travel to work

**19. How would you describe your normal walking pace?**

- Slow
- Steady average
- Brisk

**20. In a typical week during the past year, how many hours did you spend per week on each of the following activities? put ‘0’ if none**

<table>
<thead>
<tr>
<th>Activity</th>
<th>In Summer</th>
<th>In Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking, including to work, shopping and during leisure time</td>
<td>hours per week</td>
<td>hours per week</td>
</tr>
<tr>
<td>Cycling, including cycling to work and during leisure time</td>
<td>hours per week</td>
<td>hours per week</td>
</tr>
<tr>
<td>Gardening</td>
<td>hours per week</td>
<td>hours per week</td>
</tr>
<tr>
<td>Physical exercise such as keep-fit/aerobics, swimming, jogging, tennis, etc.</td>
<td>hours per week</td>
<td>hours per week</td>
</tr>
</tbody>
</table>

**21. In a typical week during the past 12 months, did you practise any activity vigorously enough to cause sweating or a faster heart beat?**

- Yes
- No

If yes, for how many hours per week in total did you practise such vigorous activity?

<table>
<thead>
<tr>
<th>Total hours per week</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**22. What is your weight now?**

<table>
<thead>
<tr>
<th>Stones</th>
<th>Pounds</th>
<th>Kilograms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**23. Compared with two years ago, has your weight changed?**

- No
- Yes, lost weight through dieting/exercise
- Yes, gained weight
- Yes, lost weight for other reason
24. What are your present waist and hip measurements?
   waist [ ] inches or [ ] centimetres
   hip [ ] inches or [ ] centimetres

25. Has your height decreased since you were 20 years old?
   Yes [ ]  No [ ]  Don't know [ ]

26. What is your marital status?
   Single [ ]  Widowed [ ]  Divorced [ ]
   Married or living as married [ ]

27. Do you regularly take any vitamins, minerals or other supplements?
   If yes, do you take: (you can cross more than one box)
   - multivitamins
   - multivitamins with iron
   - multivitamins with calcium
   - multivitamins with multiminerals
   - fish oil (including cod liver oil)
   - glucosamine/chondroitin
   - soya isoflavones
   - starflower/evening primrose oil

28. Have you taken any medications for most of the last 4 weeks?
   If yes, was it: (you can cross more than one box)
   - alendronate
   - amiodipine
   - amitriptyline
   - aspirin
   - atorvastatin
   - beclomethasone
   - bendrofluazide
   - co-codamol
   - contraceptive pill
   - co-proxamol
   - diclofenac

29. Have you had a hip replacement?
   Yes [ ]  No [ ]  if yes, in what year? [ ]

30. Have you had a knee replacement?
   Yes [ ]  No [ ]  if yes, in what year? [ ]

31. Has your doctor ever told you that you had any of the following?
   - Cancer
   - Blood clot in leg
   - Blood clot in lung or elsewhere
   - Stroke
   - TIA (transient ischaemic attack)
   - Angina
   - Heart attack
   - Palpitations/irregular heart beat
   - Diabetes
   - High blood cholesterol
   - High blood pressure
   - Asthma
   - Emphysema/chronic bronchitis
   - Thyroid problem
   - Cataract in eye
   - Stomach or duodenal ulcer
   - Bowel polyps
   - Diverticular disease
   - Crohn's disease/Ulcerative colitis
   - Coeliac disease
   - Osteoporosis
   - Rheumatoid arthritis
   - Osteoarthritis
   - Depression/anxiety
   - Epilepsy
   - Multiple Sclerosis
   - Enlarged prostate (men only)

Other significant illnesses or operations, excluding hysterectomy - see Q.42
Please give details, including year first diagnosed.
32. **In the last ten years, have you had any broken/fractured bones?**
   - Yes, once
   - Yes, more than once
   - No

If yes, please indicate which bones you have fractured/broken:
- [ ] hip
- [ ] wrist
- [ ] arm
- [ ] ankle
- [ ] leg
- [ ] finger/toe
- [ ] rib
- [ ] other

Please cross this box if the fracture was the result of a fall.

**Year of fracture**

33. **How would you describe your health now?**
   - excellent
   - good
   - fair
   - poor

34. **Have you had a vasectomy?**
   - Yes
   - No

If yes, at what age?

35. **Have you had a PSA (prostate specific antigen) test?**
   - Yes
   - No

If yes, at what age?

36. **How many natural periods have you had in the last 12 months?**
   - (put '0' if none)

   Do not count bleeding while taking the pill or HRT.

37. **Have you ever taken the contraceptive pill?**
   - Yes
   - No

If yes, at what age did you first use the pill?

For how long altogether have you used the pill?

Are you currently taking the contraceptive pill?

If yes, is it the "mini pill"? Yes

e.g. Micronor, Noriday, Femulen, Microval, Norgeston, Cerazette

If no, at what age did you stop?

38. **Have you ever taken Hormone Replacement Therapy (HRT)?**
   - Yes
   - No

If yes, at what age did you first use HRT?

For how long altogether have you used HRT?

**Are you currently taking HRT?**
   - Yes
   - No

If yes, what brand of HRT are you currently using?
- [ ] Prempak C 0.625mg
- [ ] Estraderm patch
- [ ] Estracombi
- [ ] Prempak C 1.25mg
- [ ] Trisequens
- [ ] Kliofem
- [ ] Evorel (25, 50, 75, 100 mcg)
- [ ] Premique
- [ ] Livial
- [ ] Evorel conti or sequi
- [ ] Nuvelle
- [ ] Implants
- [ ] Other
- [ ] Premparin 0.625mg
- [ ] Climesse
- [ ] Oestrogel
- [ ] Don't know
- [ ] Premparin 1.25mg
- [ ] Other
- [ ] Oestrogel
- [ ] Don’t know

If you no longer take HRT, at what age did you stop?

39. **During the last six years, have you had any children?**
   - Yes
   - No

If yes, please enter the year(s) of birth and sex below:

1. [ ] Boy
   - [ ] Girl

2. [ ] Boy
   - [ ] Girl

3. [ ] Boy
   - [ ] Girl

40. **Are you currently pregnant?**
   - Yes
   - No

41. **Have you ever had a son born with either of the following conditions?**
   - Hypospadias (hole for urinating in the wrong place)
   - Undescended testicles (Cryptorchidism)

Yes

Year of birth

42. **Have you had a hysterectomy (womb removed)?**
   - Yes
   - No

If yes, at what age?

43. **Have you had an operation to remove one or both ovaries?**
   - Yes
   - No
   - Don’t know

If yes, were one or both ovaries removed?
- [ ] One
- [ ] Both
- [ ] Don’t know

At what age?

44. **Have you ever had breast screening by mammography (x-ray)?**
   - Yes
   - No

If yes, how many times in the last ten years?

When did you last have a breast screen? (please enter year)

THANK YOU VERY MUCH FOR YOUR HELP  Please return this questionnaire in the pre-paid envelope

We guarantee that all information will be treated with absolute confidentiality and will only be used for medical research

PROF T KEV, EPIC STUDY, EPIDEMIOLOGY UNIT, UNIVERSITY OF OXFORD, RICHARD DOLL BUILDING, ROOSEVELT DRIVE, HEADINGTON, OXFORD OX3 7LF

QUESTIONS FOR MEN ONLY

**34. Have you had a vasectomy?**
   - Yes
   - No

If yes, at what age?

**35. Have you had a PSA (prostate specific antigen) test?**
   - Yes
   - No

If yes, at what age?

QUESTIONS FOR WOMEN ONLY

**35. Have you been through your menopause?**
   - No
   - Not sure because I had a hysterectomy
   - Not sure because of irregular periods, taking HRT etc.
   - Yes. If yes, how old were you when you had your menopause?

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   - (put '0' if none)

Do not count bleeding while taking the pill or HRT.

**37. Have you ever taken the contraceptive pill?**
   - Yes
   - No

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For how long altogether have you used the pill?

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- [ ] Kliofem
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- [ ] Premique
- [ ] Livial
- [ ] Evorel conti or sequi
- [ ] Nuvelle
- [ ] Implants
- [ ] Other
- [ ] Premparin 0.625mg
- [ ] Climesse
- [ ] Oestrogel
- [ ] Don’t know
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- [ ] Other
- [ ] Oestrogel
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2. [ ] Boy
   - [ ] Girl

3. [ ] Boy
   - [ ] Girl

**40. Are you currently pregnant?**
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   - No

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   - No
   - Don’t know

If yes, were one or both ovaries removed?
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- [ ] Both
- [ ] Don’t know

At what age?

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   - Yes
   - No

If yes, how many times in the last ten years?

When did you last have a breast screen? (please enter year)