

Personal Lifestyle questions:

1. Do you take any recreational drugs like marijuana?

- no
- yes, how often? _____

2. Do you smoke?

- I have never smoked
- I have never smoked regularly.
- I used to smoke, but I quit.
- I smoke only rarely.
- I smoke every day. How many cigarettes on average per day: _____

3. Do you vape?

- I have never vaped
- I have never vaped regularly.
- I used to vape, but I quit.
- I vape only rarely.
- I vape every day.

4. What is your education level?

- Primary/elementary school
- Vocational school
- High school
- College/Bachelor's degree
- Master's degree or higher

5. What is your job title: _____

6. Are you exposed to any particular hazards in your job?

- Fumes
- Medical facilities
- Lead
- Asbestos
- Work that causes excessive sweat/dehydration/physical
- Other
- None of the above

7. What is the level of your usual physical activity?

- I read, watch TV, and perform chores that are not physically taxing
- I walk, bike, or are otherwise physically active for many days a week. Including among other activities: walking, fishing, hunting, and light gardening work
- I do endurance sports for many hours a week. Including jogging, skiing, weight lifting, calisthenics, swimming, ball games and physically taxing gardening work.
- I train for competitive sports for regularly, many times a week.