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.

Contains questions 30-36 from full survey