**Supplemental Figure: Survey instrument**

1. Do you have endometrial cancer or have had a diagnosis of endometrial cancer in the past?

Yes No Not sure

1. Which of these groups would you say best describes your current status?

□ Never Married

□ Separated

□ Married

□ Divorced

□ Widowed

□ A member of an unmarried couple

□ Prefer not to say

□ Single

1. Which one of these groups would you say best represents your race?

White

Black or African American

Asian

Pacific Islander

Other

Don’t know/Not sure

Mixed race

1. Are you (circle one)

Hispanic

Not Hispanic

1. Among US women, is endometrial cancer more common in those of a certain race?

Yes No Not sure

1. If answered yes, which race has the highest number of cases?
2. What is the highest grade or year of school you completed?

Never attended school

Grades 1 through 8

Grades 9 through 11 (Some high school)

Grade 12 or GED (High school graduate)

College 1 year to 2 years (some college or technical school)

College 4 years or more (college graduate)

Refuse to answer

1. Select the category that best describes you

Employed for wages

Self-employed

Out of work for 1 year or more

Out of work for less than 1 year

A homemaker

A student

Retired

Unable to work

1. Is your annual household income from all sources…
   1. < $25,000
   2. $25,000-$49,999
   3. $50,000-$74,999
   4. $75,000-$99,999
   5. ≥ $100,000
2. How old were you when you first had sex?
   1. <18 years of age
   2. 18 to 29 years of age
   3. 30 years of age or older
3. Number of biological children
   1. None
   2. 1 to 3
   3. 4 to 6
   4. > 6
4. Cigarette smoking history:

[] Never []Former []Current

1. Do you consider yourself overweight or obese?

Yes No Not sure

1. Endometrial (uterine or lining of the uterus) cancer is more common in overweight or obese people.

True False Not sure

1. Obesity or being overweight leads to other health problems such as:
   1. Diabetes True False Not sure
   2. High blood pressure True False Not sure
   3. Heart attacks True False Not sure
2. Have you had recent (within the last 1 year) weight gain or weight loss?

Yes No

If so, how much have you lost? \_\_\_\_\_\_\_\_\_lbs

If so, how much have you gained? \_\_\_\_\_\_\_\_\_\_\_\_\_lbs

1. How often do you exercise?
   1. Not at all
   2. A couple times a month
   3. Once a week
   4. More than once a week
2. Have you smoked at least 100 cigarettes in your entire life?

Yes No Not sure

1. Do you now smoke cigarettes every day, some days, or not at all?

Every day Some days Not at all Not sure

1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

\_\_\_\_Days per week \_\_\_Days in past 30 days No Drinks Not sure

1. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

Number of drinks\_\_\_\_\_ None Not sure

1. Do you use recreational drugs?

Yes No

1. Endometrial cancer is a sexually transmitted disease.

True False Not sure

1. Have you ever taken hormone replacement therapy?

Yes No Not sure

1. Have you ever taken oral birth control pills?

Yes No Not sure

1. What makes a woman more likely to get endometrial cancer?
   1. Others in the family have it True False Not sure
   2. Having multiple sex partners True False Not sure
   3. Not getting a Pap test done True False Not sure
   4. Using illegal drugs True False Not sure
   5. Cigarette smoking True False Not sure
   6. Unhealthy diet (i.e. fast-food, little fresh vegetables & fruit) True False Not sure
   7. Having sex without a condom True False Not sure
   8. Having sex early in life True False Not sure
   9. Weighing too much True False Not sure
   10. A viral infection True False Not sure
   11. Having an sexually transmitted infection True False Not sure
   12. Drinking too much alcohol True False Not sure
   13. Oral sex True False Not sure
   14. Having an abortion True False Not sure
   15. HIV (human immunodeficiency virus) True False Not sure
   16. Hormone Replacement therapy True False Not sure
2. Do you have a primary care physician, i.e. do you regularly follow up with a primary care doctor (at least once a year)?

Yes No

1. If not, is there a reason?
   1. Insurance reasons
   2. Doctor’s office is too far
   3. Unable to access care
   4. Other \_\_\_\_\_\_\_\_\_\_\_
2. If you don’t have a primary care physician, would you like to be referred to one?

Yes No Not sure