FAMILY HISTORY QUESTIONNAIRE - V3

Please give your completed form to the EMSI examiner.

Instructions:
- Use the enclosed pen or any DARK BLUE OR BLACK BALLPOINT PEN.
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Do not write comments on the form.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles COMPLETELY for each of the questions in this form.

Like this: ●  Not like this: ✗ ✔

If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.

Like this: ● YES  Not like this: ✗ YES

Please write responses in all capital letters and numbers without touching the sides of the boxes.

ABCDEFGHIJKLMNOPQRSTUVWXYZ
1234567890

When writing dates, please follow this example.

EXAMPLE: June 7, 2004 = 06/07/2004
Family History

This form contains questions about your birth and your mother’s experiences before and during her pregnancy with you, as well as questions about other biological family members. It may be helpful to contact your mother or other relatives to assist you in answering some of these questions.

Today’s Date: [ ] / [ ] / [20[ ]]

1. To the best of your knowledge, are you adopted?
   - [ ] Yes
   - [ ] No

   Women who are adopted may or may not have information about their biological relatives. Please answer the following questions to the best of your ability. If you do not know the answer to a question, please mark the bubble that says "I don't know."

2. How old was your mother when she gave birth to you?
   - [ ] AGE
   - [ ] GO TO QUESTION 4

   OR
   - [ ] I don’t know her exact age

3. Was she...
   - [ ] Under age 20
   - [ ] 20-24
   - [ ] 25-29
   - [ ] 30-34
   - [ ] 35-39
   - [ ] 40-44
   - [ ] 45-49
   - [ ] Age 50 or over
   - [ ] I don’t know

4. Before she was pregnant with you, did your mother have diabetes?
   - [ ] Definitely
   - [ ] Probably
   - [ ] Probably not
   - [ ] Definitely not
   - [ ] I don’t know

5. Before she was pregnant with you, did your mother have epilepsy or a seizure disorder?
   - [ ] Definitely
   - [ ] Probably
   - [ ] Probably not
   - [ ] Definitely not
   - [ ] I don’t know
6. During the time she was pregnant with you, did your mother develop pregnancy-related high blood pressure?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

7. During the time she was pregnant with you, did your mother develop pregnancy-related diabetes?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

8. During the time she was pregnant with you, did your mother develop pre-eclampsia, eclampsia, or toxemia?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

9. During the time she was pregnant with you, did your mother develop morning sickness with vomiting?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

10. During her pregnancy with you, did your mother take DES (diethylstilbestrol)?
    (This is a drug that was prescribed to pregnant women to prevent miscarriage.)
    - Definitely
    - Probably
    - Probably not
    - Definitely not
    - I don’t know
11. During any of the time she was pregnant with you, did your mother live on a farm?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

12. Did your mother do any farm work while she was pregnant with you?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

13. During any of the time she was pregnant with you, did your mother ever smoke cigarettes?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

14. Did your biological father smoke cigarettes at any time during the three months before your mother was pregnant with you?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

15. Aside from your mother, did anyone in your household, including your father, smoke cigarettes at home while your mother was pregnant with you?
   - Definitely
   - Probably
   - Probably not
   - Definitely not
   - I don’t know
16. How old was your biological father when you were born?

[ ] AGE  →  GO TO QUESTION 18

OR

☐ I don't know his exact age

ANSWER QUESTION 17 ONLY IF YOU DON'T KNOW EXACT AGE.

17. Was he...

☐ Under age 20  ☐ 40-44

☐ 20-24  ☐ 45-49

☐ 25-29  ☐ Age 50 or over

☐ 30-34  ☐ I don't know

☐ 35-39

18. Were you born within one week of your mother’s due date, more than one week before her due date, or more than one week after her due date?

☐ Within one week of due date

☐ I don't know

GO TO QUESTION 20

☐ More than one week before due date

☐ More than one week after due date

ANSWER QUESTION 19 ONLY IF YOU WERE BORN EARLY OR LATE.

19. How many weeks or months before or after your mother's due date were you born?

☐ Less than 2 weeks

☐ 2 to 4 weeks

☐ 1 to 2 months

☐ More than 2 months

☐ I don't know

20. What was your birth weight? (If you don't know exactly, please give us your best estimate.)

[ ] # OF POUNDS  AND  [ ] # OF OUNCES  →  GO TO PAGE 5, QUESTION 22

OR

☐ I don't know my birth weight

ANSWER QUESTION 21 ONLY IF YOU DON'T KNOW YOUR BIRTH WEIGHT.

21. Was your birth weight less than 5 pounds, or was it 5 pounds or more?

☐ Less than 5 pounds

☐ 5 pounds or more

☐ I don't know
22. Were you ever breastfed as an infant?
   - Definitely  → GO TO QUESTION 23
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

23. How many weeks or months were you breastfed?
   - Less than 6 weeks
   - 6 weeks to 3 months
   - 4 to 6 months
   - More than 6 months
   - I don’t know

24. Were you fed formulas made from soy (not regular formula)?
   - Definitely  → GO TO QUESTION 25
   - Probably
   - Probably not
   - Definitely not
   - I don’t know

25. How many months were you fed soy formula?
   - Less than 1 month
   - 1 to 3 months
   - 4 to 6 months
   - 7 to 9 months
   - 10 to 12 months
   - More than 1 year
   - I don’t know

26. Were you started on soy formula within the first 2 months of your life?
   - Yes
   - No
   - I don’t know

27. Were you a single birth, or one of a multiple birth (please include stillbirths)?
   - Single birth  → GO TO PAGE 8, QUESTION 39
   - One of a multiple birth
28. How many babies were delivered (including stillbirths)?
   - 2 (twins) → GO TO QUESTION 29
   - 3 (triplets)
   - 4 (quadruplets)
   - 5 (quintuplets)
   - 6 (sextuplets)
   - 7 or more

QUESTIONS 29 - 34 ARE FOR TWINS ONLY:

29. Is your twin sibling male or female?
   - Male → GO TO QUESTION 33
   - Female

30. Do you believe that you and your twin sister are genetically identical?
   - Yes
   - No

31. Have you had genetic testing to determine if you and your twin sister are genetically identical?
   - Yes
   - No
   - I don't know

32. Did the test results show that you and your twin sister are genetically identical or non-identical?
   - Identical
   - Non-identical
   - I don't know

33. What was the birth weight of your twin sibling? (If you don't know exactly, please give us your best estimate.)
   - AND
   - # OF POUNDS # OF OUNCES
   - OR
   - I don't know my twin's birth weight

34. Was your twin sibling's birth weight less than 5 pounds, or was it 5 pounds or more?
   - Less than 5 pounds
   - 5 pounds or more
   - I don't know
QUESTIONS 35 - 38 ARE FOR TRIPLETS AND UP ONLY:

35. How many of your siblings from this birth were female (including stillbirths)?
   - None  → GO TO PAGE 8, QUESTION 39
   - 1
   - 2
   - 3
   - 4  → GO TO QUESTION 36
   - 5
   - 6 or more

36. Do you believe that you and any of your sisters from this birth are genetically identical?
   - Yes
   - No

37. Have you and any of your sisters from this birth had genetic testing to determine if you are genetically identical?
   - Yes
   - No  → GO TO PAGE 8, QUESTION 39
   - I don’t know

38. Did the test results show that you are genetically identical to any of your sisters from this birth?
   - All non-identical
   - Identical to at least one, but not to all sisters from this birth
   - All identical
   - I don’t know

Please use a ballpoint pen for this form
39. Is your biological mother still living?
   - Yes
   - No
   - I don't know

40. How old is she now?
   - AGE OR I don't know her age

GO TO QUESTION 43

41. How old was she when she died?
   - AGE OR I don't know her age

42. In what year did she die?
   - YEAR OR I don't know the year

GO TO QUESTION 43

PLEASE ANSWER BOTH QUESTIONS 41 AND 42.

43. Was she ever diagnosed with any type of cancer?
   - Yes
   - No
   - I don't know

GO TO PAGE 9, QUESTION 45

44. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

<table>
<thead>
<tr>
<th>EXAMPLE:</th>
<th>lung cancer</th>
<th>52 AGE OR I DON'T KNOW AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>breast cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>ovary or ovarian cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>cervix or cervical cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>uterus or endometrial cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>colon, bowel, or rectal cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>lung cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>leukemia or blood cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>lymphoma or non-Hodgkin's lymphoma</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>Hodgkin's disease</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>brain cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>melanoma</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>other non-melanoma skin cancer (basal or squamous cell carcinoma)</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>bladder cancer</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>other cancer - SPECIFY:</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
<tr>
<td>other cancer - SPECIFY:</td>
<td>AGE OR I DON'T KNOW AGE</td>
<td></td>
</tr>
</tbody>
</table>
45. Is your biological father still living?
   - Yes
   - No
   - I don't know

46. How old is he now?
   - AGE
   - OR I don't know his age

GO TO QUESTION 49

47. How old was he when he died?
   - AGE
   - OR I don't know his age

48. In what year did he die?
   - YEAR
   - OR I don't know the year

GO TO QUESTION 49

PLEASE ANSWER BOTH QUESTIONS 47 AND 48.

49. Was he ever diagnosed with any type of cancer?
   - Yes
   - No
   - I don't know

GO TO PAGE 10, QUESTION 51

50. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

<table>
<thead>
<tr>
<th>EXAMPLE: prostate cancer</th>
<th>AGE</th>
<th>OR</th>
<th>DON'T KNOW AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 prostate cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 testicle or testicular cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 colon, bowel, or rectal cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 lung cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 leukemia or blood cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 lymphoma or non-Hodgkin's lymphoma</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 Hodgkin's disease</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 brain cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 melanoma</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 other non-melanoma skin cancer (basal or squamous cell carcinoma)</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 bladder cancer</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 other cancer - SPECIFY:</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
<tr>
<td>0 other cancer - SPECIFY:</td>
<td>AGE</td>
<td>OR</td>
<td>DON'T KNOW AGE</td>
</tr>
</tbody>
</table>
51. Did your biological grandmother on your mother’s side ever have breast cancer?
   - Yes
   - No
   - I don’t know

52. Did your biological grandmother on your mother’s side ever have ovarian cancer?
   - Yes
   - No
   - I don’t know

53. Did your biological grandmother on your father’s side ever have breast cancer?
   - Yes
   - No
   - I don’t know

54. Did your biological grandmother on your father’s side ever have ovarian cancer?
   - Yes
   - No
   - I don’t know

55. Did your biological grandfather on your mother’s side ever have prostate cancer?
   - Yes
   - No
   - I don’t know

56. Did your biological grandfather on your father’s side ever have prostate cancer?
   - Yes
   - No
   - I don’t know

57. Did your mother have any biological sisters?
   - Yes
   - No
   - I don’t know

   → GO TO PAGE 12, QUESTION 63
58. How many biological sisters did your mother have who lived past the age of 18?

- None → GO TO PAGE 12, QUESTION 63
- 1
- 2
- 3
- 4
- 5
- 6 or more
- I don't know → GO TO QUESTION 59

59. Did any of your mother's biological sisters ever have breast cancer?

- Yes
- No
- I don't know → GO TO QUESTION 61

60. How many of your mother's biological sisters had breast cancer?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- I don't know

61. Did any of your mother's biological sisters ever have ovarian cancer?

- Yes
- No
- I don't know → GO TO PAGE 12, QUESTION 63

62. How many of your mother's biological sisters had ovarian cancer?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- I don't know
63. Did your father have any biological sisters?
   - Yes
   - No
   - I don't know → GO TO PAGE 13, QUESTION 69

64. How many biological sisters did your father have who lived past the age of 18?
   - None → GO TO PAGE 13, QUESTION 69
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or more
   - I don't know → GO TO QUESTION 65

65. Did any of your father's biological sisters have breast cancer?
   - Yes
   - No
   - I don't know → GO TO QUESTION 67

66. How many of your father's biological sisters had breast cancer?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or more
   - I don't know

67. Did any of your father's biological sisters ever have ovarian cancer?
   - Yes
   - No
   - I don't know → GO TO PAGE 13, QUESTION 69
68. How many of your father’s biological sisters had ovarian cancer?

- 1
- 2
- 3
- 4
- 5
- 6 or more
- I don’t know

**QUESTIONS ABOUT YOUR SISTER(S) WILL BE ASKED DURING YOUR TELEPHONE INTERVIEW.**

69. How many brothers do you have, living or deceased, who share at least one biological parent with you? (If you are adopted or have lost touch with either of your parents, but know you have one or more brothers, please report the number of brothers you know you have. That is, if you know you have 2 brothers but you might have more that you don’t know, please fill in the bubble for ‘2,’ not ‘I don’t know.’)

- None ➔ GO TO PAGE 20, QUESTION 112
- 1
- 2
- 3
- 4
- 5
- 6
- 7 or more
- I don’t know ➔ GO TO QUESTION 70

**OLDEST BROTHER**

70. What is your oldest brother’s date of birth? (If you don’t know your brother’s full date of birth, please give as much information as you can.)

[ ] / [ ] / [ ]

(month) (day) (year)

**QUESTIONS ABOUT BROTHERS CONTINUE ON THE NEXT PAGE ➔**
OLDEST BROTHER (CONTINUED)

71. Is he still living?
   - Yes  →  GO TO QUESTION 73
   - No  →  72. How old was he when he died?  
     (If less than 1, write 00.)
     - AGE  OR  I don’t know
   - I don’t know

73. Is/was he a half brother or full brother?
   - Half  →  74. Do/did you share the same biological mother or the same biological father?
     - Same mother
     - Same father
   - Full

75. Was he ever diagnosed with any type of cancer?
   - Yes
   - No  →  IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 15, QUESTION 77. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
   - I don’t know

76. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

<table>
<thead>
<tr>
<th>EXAMPLE:</th>
<th>☐ lung cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>prostate cancer</td>
<td></td>
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<tr>
<td>testicle or testicular cancer</td>
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<tr>
<td>colon, bowel, or rectal cancer</td>
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<tr>
<td>lung cancer</td>
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<td>other cancer - SPECIFY:</td>
<td></td>
</tr>
<tr>
<td>other cancer - SPECIFY:</td>
<td></td>
</tr>
</tbody>
</table>

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 15, QUESTION 77.
IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
77. What is your next oldest brother’s date of birth? (If you don’t know your brother’s full date of birth, please give as much information as you can.)

78. Is he still living?
- Yes → GO TO QUESTION 80
- No → 79. How old was he when he died? (If less than 1, write 00.)

79. How old was he when he died?
- Yes
- No → 79. How old was he when he died? (If less than 1, write 00.)

80. Is/was he a half brother or full brother?
- Half
- Full → 81. Do/did you share the same biological mother or the same biological father?

81. Do/did you share the same biological mother or the same biological father?
- Same mother
- Same father

82. Was he ever diagnosed with any type of cancer?
- Yes
- No → 82. Was he ever diagnosed with any type of cancer?
- I don’t know → IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 16, QUESTION 84. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.

83. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

- prostate cancer
- testicle or testicular cancer
- colon, bowel, or rectal cancer
- lung cancer
- leukemia or blood cancer
- lymphoma or non-Hodgkin’s lymphoma
- Hodgkin’s disease
- brain cancer
- melanoma
- other non-melanoma skin cancer (basal or squamous cell carcinoma)
- bladder cancer
- other cancer - SPECIFY:
- other cancer - SPECIFY:

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 16, QUESTION 84. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
84. What is your next oldest brother's date of birth? (If you don't know your brother's full date of birth, please give as much information as you can.)

85. Is he still living?
   ○ Yes → GO TO QUESTION 87
   ○ No → 86. How old was he when he died? (If less than 1, write 00.)
         AGE OR ○ I don't know
   ○ I don't know

87. Is/was he a half brother or full brother?
   ○ Half → 88. Do/did you share the same biological mother or the same biological father?
        ○ Same mother
        ○ Same father
   ○ Full

89. Was he ever diagnosed with any type of cancer?
   ○ Yes
   ○ No
   ○ I don't know → IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 17, QUESTION 91. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.

90. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

   ○ prostate cancer
   ○ testicle or testicular cancer
   ○ colon, bowel, or rectal cancer
   ○ lung cancer
   ○ leukemia or blood cancer
   ○ lymphoma or non-Hodgkin's lymphoma
   ○ Hodgkin's disease
   ○ brain cancer
   ○ melanoma
   ○ other non-melanoma skin cancer (basal or squamous cell carcinoma)
   ○ bladder cancer
   ○ other cancer - SPECIFY:
   ○ other cancer - SPECIFY:

   IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 17, QUESTION 91.
   IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
91. What is your next oldest brother's date of birth? (If you don't know your brother's full date of birth, please give as much information as you can.)

/ / / (month) (day) (year)

92. Is he still living?
- Yes → GO TO QUESTION 94
- No → 93. How old was he when he died? (If less than 1, write 00.)
   - AGE OR I don't know
   - I don't know

94. Is/was he a half brother or full brother?
- Half → 95. Do/did you share the same biological mother or the same biological father?
  - Same mother
  - Same father
- Full

96. Was he ever diagnosed with any type of cancer?
- Yes
- No → IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 18, QUESTION 98. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
- I don't know

97. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

- prostate cancer
- testicle or testicular cancer
- colon, bowel, or rectal cancer
- lung cancer
- leukemia or blood cancer
- lymphoma or non-Hodgkin's lymphoma
- Hodgkin's disease
- brain cancer
- melanoma
- other non-melanoma skin cancer (basal or squamous cell carcinoma)
- bladder cancer
- other cancer - SPECIFY:
- other cancer - SPECIFY:

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 18, QUESTION 98. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
98. What is your next oldest brother's date of birth? (If you don't know your brother's full date of birth, please give as much information as you can.)

99. Is he still living?
   - Yes → GO TO QUESTION 101
   - No → 100. How old was he when he died? (If less than 1, write 00.)
     - I don't know

101. Is/was he a half brother or full brother?
   - Half → 102. Do/did you share the same biological mother or the same biological father?
     - Same mother
     - Same father
   - Full

103. Was he ever diagnosed with any type of cancer?
   - Yes
   - No
   - I don't know → IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 19, QUESTION 105. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.

104. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

   - prostate cancer
   - testicle or testicular cancer
   - colon, bowel, or rectal cancer
   - lung cancer
   - leukemia or blood cancer
   - lymphoma or non-Hodgkin's lymphoma
   - Hodgkin's disease
   - brain cancer
   - melanoma
   - other non-melanoma skin cancer (basal or squamous cell carcinoma)
   - bladder cancer
   - other cancer - SPECIFY:
   - other cancer - SPECIFY:

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 19, QUESTION 105. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.
105. What is your next oldest brother's date of birth? (If you don't know your brother's full date of birth, please give as much information as you can.)

(month) / (day) / (year)

106. Is he still living?
- ☐ Yes → GO TO QUESTION 108
- ☐ No → 107. How old was he when he died? (If less than 1, write 00.)
  - ☐ I don't know

107. How old was he when he died? (If less than 1, write 00.)

AGE OR ☐ I don't know

108. Is/was he a half brother or full brother?
- ☐ Half
- ☐ Full

109. Do/did you share the same biological mother or the same biological father?
- ☐ Same mother
- ☐ Same father

110. Was he ever diagnosed with any type of cancer?
- ☐ No
- ☐ I don't know → GO TO PAGE 20, QUESTION 112

111. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

- ☐ prostate cancer
- ☐ testicle or testicular cancer
- ☐ colon, bowel, or rectal cancer
- ☐ lung cancer
- ☐ leukemia or blood cancer
- ☐ lymphoma or non-Hodgkin's lymphoma
- ☐ Hodgkin's disease
- ☐ brain cancer
- ☐ melanoma
- ☐ other non-melanoma skin cancer (basal or squamous cell carcinoma)
- ☐ bladder cancer
- ☐ other cancer - SPECIFY:
- ☐ other cancer - SPECIFY:

IF YOU HAVE MORE THAN 6 BROTHERS, PLEASE ANSWER THE SAME QUESTIONS FOR EACH BROTHER AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.
112. To how many daughters have you given birth?

- None  ➔ GO TO PAGE 27, QUESTION 143
- 1
- 2
- 3
- 4
- 5
- 6
- 7 or more

113. What is your oldest daughter's date of birth?

(month) / (day) / (year)

114. Is she still living?

- Yes  ➔ GO TO PAGE 21, QUESTION 116
- No  ➔ 115. How old was she when she died? (If less than 1, write 00.)
  ➔ OR  I don't know
- I don't know  ➔ GO TO PAGE 21, QUESTION 116

QUESTIONS ABOUT DAUGHTERS CONTINUE ON THE NEXT PAGE ➔
116. Was she ever diagnosed with any type of cancer?

- Yes
- No
- I don’t know

IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 22, QUESTION 118.
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

117. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

<table>
<thead>
<tr>
<th>EXAMPLE:</th>
<th>lung cancer</th>
<th>5</th>
<th>2</th>
<th>AGE</th>
<th>OR</th>
<th>I DON'T KNOW AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ breast cancer</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ ovary or ovarian cancer</td>
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<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ cervix or cervical cancer</td>
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<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ uterus or endometrial cancer</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ colon, bowel, or rectal cancer</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ lung cancer</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
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<tr>
<td>○ leukemia or blood cancer</td>
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<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
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<tr>
<td>○ lymphoma or non-Hodgkin’s lymphoma</td>
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<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
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<tr>
<td>○ Hodgkin’s disease</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ brain cancer</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ melanoma</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ other non-melanoma skin cancer (basal or squamous cell carcinoma)</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ bladder cancer</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ other cancer - SPECIFY:</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
<tr>
<td>○ other cancer - SPECIFY:</td>
<td></td>
<td></td>
<td></td>
<td>AGE</td>
<td>OR</td>
<td>I DON'T KNOW AGE</td>
</tr>
</tbody>
</table>

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 22, QUESTION 118.
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.
118. What is your next oldest daughter's date of birth?  

(month) / (day) / (year)

119. Is she still living?  

- Yes  ➔ GO TO QUESTION 121
- No  ➔  

120. How old was she when she died?  

(If less than 1, write 00.)  

AGE OR I don't know

- I don't know

121. Was she ever diagnosed with any type of cancer?  

- Yes
- No  ➔ IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 23, QUESTION 123.  
- I don't know  ➔ IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

122. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Age</th>
<th>Don't Know Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovary or ovarian cancer</td>
<td></td>
<td></td>
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<tr>
<td>Cervix or cervical cancer</td>
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<td></td>
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<tr>
<td>Uterus or endometrial cancer</td>
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<td></td>
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<tr>
<td>Colon, bowel, or rectal cancer</td>
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<tr>
<td>Lung cancer</td>
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<tr>
<td>Leukemia or blood cancer</td>
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<td></td>
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<tr>
<td>Lymphoma or non-Hodgkin's lymphoma</td>
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<td></td>
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<tr>
<td>Hodgkin's disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-melanoma skin cancer (basal or squamous cell carcinoma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cancer - SPECIFY:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 23, QUESTION 123.  
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.
123. What is your next oldest daughter’s date of birth?

124. Is she still living?
   - Yes → GO TO QUESTION 126
   - No → 125. How old was she when she died?
     (If less than 1, write 00.)

125. How old was she when she died?

126. Was she ever diagnosed with any type of cancer?
   - Yes
   - No
   - I don’t know

127. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

- breast cancer
- ovary or ovarian cancer
- cervix or cervical cancer
- uterus or endometrial cancer
- colon, bowel, or rectal cancer
- lung cancer
- leukemia or blood cancer
- lymphoma or non-Hodgkin’s lymphoma
- Hodgkin’s disease
- brain cancer
- melanoma
- other non-melanoma skin cancer (basal or squamous cell carcinoma)
- bladder cancer
- other cancer - SPECIFY:
- other cancer - SPECIFY:

Please use a ballpoint pen for this form.

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 24, QUESTION 128.
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.
128. What is your next oldest daughter’s date of birth?  
(month) / (day) / (year)

129. Is she still living?
   ○ Yes  ➔ GO TO QUESTION 131
   ○ No  ➔ 130. How old was she when she died?  
   (If less than 1, write 00.)
   AGE
   OR  ○ I don’t know
   ○ I don’t know

131. Was she ever diagnosed with any type of cancer?
   ○ Yes
   ○ No
   ○ I don’t know  ➔ IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 25, QUESTION 133.
   IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

132. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)
   ○ breast cancer
   ○ ovary or ovarian cancer
   ○ cervix or cervical cancer
   ○ uterus or endometrial cancer
   ○ colon, bowel, or rectal cancer
   ○ lung cancer
   ○ leukemia or blood cancer
   ○ lymphoma or non-Hodgkin’s lymphoma
   ○ Hodgkin’s disease
   ○ brain cancer
   ○ melanoma
   ○ other non-melanoma skin cancer (basal or squamous cell carcinoma)
   ○ bladder cancer
   ○ other cancer - SPECIFY: 
   ○ other cancer - SPECIFY:
   AGE
   OR  ○ DON'T KNOW AGE

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 25, QUESTION 133.
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.
133. What is your next oldest daughter’s date of birth?  

(month) / (day) / (year)

134. Is she still living? 
- Yes → GO TO QUESTION 136 
- No → 135. How old was she when she died?  
  (If less than 1, write 00.)
  AGE OR I don’t know

- I don’t know

136. Was she ever diagnosed with any type of cancer? 
- Yes
- No
- I don’t know

IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 26, QUESTION 138. 
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

137. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

- breast cancer
- ovary or ovarian cancer
- cervix or cervical cancer
- uterus or endometrial cancer
- colon, bowel, or rectal cancer
- lung cancer
- leukemia or blood cancer
- lymphoma or non-Hodgkin’s lymphoma
- Hodgkin’s disease
- brain cancer
- melanoma
- other non-melanoma skin cancer (basal or squamous cell carcinoma)
- bladder cancer
- other cancer - SPECIFY:

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 26, QUESTION 138. 
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.
138. What is your next oldest daughter's date of birth?

139. Is she still living?

- Yes → GO TO QUESTION 141
- No → 140. How old was she when she died? (If less than 1, write 00.)

- I don't know

141. Was she ever diagnosed with any type of cancer?

- Yes
- No → GO TO PAGE 27, QUESTION 143
- I don't know

142. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

- breast cancer
- ovary or ovarian cancer
- cervix or cervical cancer
- uterus or endometrial cancer
- colon, bowel, or rectal cancer
- lung cancer
- leukemia or blood cancer
- lymphoma or non-Hodgkin's lymphoma
- Hodgkin's disease
- brain cancer
- melanoma
- other non-melanoma skin cancer (basal or squamous cell carcinoma)
- bladder cancer
- other cancer - SPECIFY: _________________
- other cancer - SPECIFY: _________________

IF YOU HAVE MORE THAN 6 DAUGHTERS, PLEASE ANSWER THE SAME QUESTIONS FOR EACH DAUGHTER AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.
SONS

143. To how many sons have you given birth?
   - None → GO TO PAGE 34, QUESTION 174
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7 or more

OLDEST SON

144. What is your oldest son’s date of birth?

   (month) / (day) / (year)

145. Is he still living?
   - Yes → GO TO PAGE 28, QUESTION 147
   - No → 146. How old was he when he died?
     (If less than 1, write 00.)
     AGE OR I don’t know
   - I don’t know → GO TO PAGE 28, QUESTION 147

QUESTIONS ABOUT SONS CONTINUE ON THE NEXT PAGE
147. Was he ever diagnosed with any type of cancer?

- Yes
- No
- I don't know

IF YOU HAVE ANOTHER SON, GO TO PAGE 29, QUESTION 149. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

148. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

<table>
<thead>
<tr>
<th>EXAMPLE:</th>
<th>prostate cancer</th>
<th>colon, bowel, or rectal cancer</th>
<th>lung cancer</th>
<th>leukemia or blood cancer</th>
<th>lymphoma or non-Hodgkin's lymphoma</th>
<th>Hodgkin's disease</th>
<th>brain cancer</th>
<th>melanoma</th>
<th>other non-melanoma skin cancer (basal or squamous cell carcinoma)</th>
<th>bladder cancer</th>
<th>other cancer - SPECIFY:</th>
<th>other cancer - SPECIFY:</th>
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</thead>
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</tbody>
</table>

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 29, QUESTION 149.
IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.
149. What is your next oldest son’s date of birth?

(month) / (day) / (year)

150. Is he still living?

- Yes → GO TO QUESTION 152
- No → 151. How old was he when he died?

(If less than 1, write 00.)

AGE OR I don't know

- I don't know

152. Was he ever diagnosed with any type of cancer?

- Yes
- No
- I don't know

IF YOU HAVE ANOTHER SON, GO TO PAGE 30, QUESTION 154. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

153. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

- prostate cancer AGE OR I don't know AGE
- testicle or testicular cancer AGE OR I don't know AGE
- colon, bowel, or rectal cancer AGE OR I don't know AGE
- lung cancer AGE OR I don't know AGE
- leukemia or blood cancer AGE OR I don't know AGE
- lymphoma or non-Hodgkin's lymphoma AGE OR I don't know AGE
- Hodgkin's disease AGE OR I don't know AGE
- brain cancer AGE OR I don't know AGE
- melanoma AGE OR I don't know AGE
- other non-melanoma skin cancer (basal or squamous cell carcinoma) AGE OR I don't know AGE
- bladder cancer AGE OR I don't know AGE
- other cancer - SPECIFY: AGE OR I don't know AGE
- other cancer - SPECIFY: AGE OR I don't know AGE

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 30, QUESTION 154.
IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.
154. What is your next oldest son's date of birth?

(month) / (day) / (year)

155. Is he still living?

○ Yes → GO TO QUESTION 157

○ No → 156. How old was he when he died? (If less than 1, write 00.)

(AGE) OR ○ I don't know

○ I don’t know

↓

157. Was he ever diagnosed with any type of cancer?

○ Yes

○ No → IF YOU HAVE ANOTHER SON, GO TO PAGE 31, QUESTION 159. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

○ I don’t know

158. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his first age at diagnosis. (Mark all that apply.)

○ prostate cancer [AGE] OR ○ DON'T KNOW AGE

○ testicle or testicular cancer [AGE] OR ○ DON'T KNOW AGE

○ colon, bowel, or rectal cancer [AGE] OR ○ DON'T KNOW AGE

○ lung cancer [AGE] OR ○ DON'T KNOW AGE

○ leukemia or blood cancer [AGE] OR ○ DON'T KNOW AGE

○ lymphoma or non-Hodgkin’s lymphoma [AGE] OR ○ DON'T KNOW AGE

○ Hodgkin’s disease [AGE] OR ○ DON'T KNOW AGE

○ brain cancer [AGE] OR ○ DON'T KNOW AGE

○ melanoma [AGE] OR ○ DON'T KNOW AGE

○ other non-melanoma skin cancer (basal or squamous cell carcinoma) [AGE] OR ○ DON'T KNOW AGE

○ bladder cancer [AGE] OR ○ DON'T KNOW AGE

○ other cancer - SPECIFY: [AGE] OR ○ DON'T KNOW AGE

○ other cancer - SPECIFY: [AGE] OR ○ DON'T KNOW AGE

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 31, QUESTION 159.
IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.
159. What is your next oldest son's date of birth?

(month) / (day) / (year)

160. Is he still living?

☐ Yes → GO TO QUESTION 162

☐ No → 161. How old was he when he died?

(If less than 1, write 00.)

AGE OR ☐ I don’t know

☐ I don’t know

162. Was he ever diagnosed with any type of cancer?

☐ Yes

☐ No

☐ I don’t know → IF YOU HAVE ANOTHER SON, GO TO PAGE 32, QUESTION 164. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

163. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

☐ prostate cancer AGE OR ☐ DON'T KNOW AGE

☐ testicle or testicular cancer AGE OR ☐ DON'T KNOW AGE

☐ colon, bowel, or rectal cancer AGE OR ☐ DON'T KNOW AGE

☐ lung cancer AGE OR ☐ DON'T KNOW AGE

☐ leukemia or blood cancer AGE OR ☐ DON'T KNOW AGE

☐ lymphoma or non-Hodgkin’s lymphoma AGE OR ☐ DON'T KNOW AGE

☐ Hodgkin’s disease AGE OR ☐ DON'T KNOW AGE

☐ brain cancer AGE OR ☐ DON'T KNOW AGE

☐ melanoma AGE OR ☐ DON'T KNOW AGE

☐ other non-melanoma skin cancer (basal or squamous cell carcinoma) AGE OR ☐ DON'T KNOW AGE

☐ bladder cancer AGE OR ☐ DON'T KNOW AGE

☐ other cancer - SPECIFY: __________________________ AGE OR ☐ DON'T KNOW AGE

☐ other cancer - SPECIFY: __________________________ AGE OR ☐ DON'T KNOW AGE

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 32, QUESTION 164. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.
164. What is your next oldest son’s date of birth?

(month) / (day) / (year)

165. Is he still living?

○ Yes → GO TO QUESTION 167

○ No → 166. How old was he when he died? (If less than 1, write 00.)

AGE OR ○ I don’t know

○ I don’t know

167. Was he ever diagnosed with any type of cancer?

○ Yes

○ No → IF YOU HAVE ANOTHER SON, GO TO PAGE 33, QUESTION 169. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

○ I don’t know

168. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

○ prostate cancer AGE OR ○ DON’T KNOW AGE

○ testicle or testicular cancer AGE OR ○ DON’T KNOW AGE

○ colon, bowel, or rectal cancer AGE OR ○ DON’T KNOW AGE

○ lung cancer AGE OR ○ DON’T KNOW AGE

○ leukemia or blood cancer AGE OR ○ DON’T KNOW AGE

○ lymphoma or non-Hodgkin’s lymphoma AGE OR ○ DON’T KNOW AGE

○ Hodgkin’s disease AGE OR ○ DON’T KNOW AGE

○ brain cancer AGE OR ○ DON’T KNOW AGE

○ melanoma AGE OR ○ DON’T KNOW AGE

○ other non-melanoma skin cancer (basal or squamous cell carcinoma) AGE OR ○ DON’T KNOW AGE

○ bladder cancer AGE OR ○ DON’T KNOW AGE

○ other cancer - SPECIFY: ___________________________ AGE OR ○ DON’T KNOW AGE

○ other cancer - SPECIFY: ___________________________ AGE OR ○ DON’T KNOW AGE

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 33, QUESTION 169. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.
169. What is your next oldest son's date of birth?

- Enter the date in the format: (month) / (day) / (year)

170. Is he still living?
- Yes → GO TO QUESTION 172
- No → 171. How old was he when he died?
  (If less than 1, write 00.)
  - Age
  - I don’t know

- I don’t know

172. Was he ever diagnosed with any type of cancer?
- Yes
- No
- I don’t know → GO TO PAGE 34, QUESTION 174

173. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

- Prostate cancer
- Testicle or testicular cancer
- Colon, bowel, or rectal cancer
- Lung cancer
- Leukemia or blood cancer
- Lymphoma or non-Hodgkin’s lymphoma
- Hodgkin’s disease
- Brain cancer
- Melanoma
- Other non-melanoma skin cancer (basal or squamous cell carcinoma)
- Bladder cancer
- Other cancer - SPECIFY:
- Other cancer - SPECIFY:

IF YOU HAVE MORE THAN 6 SONS, PLEASE ANSWER THE SAME QUESTIONS FOR EACH SON AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.
174. Please mark Yes, No, or Don't know for each question. Have either of your *biological parents* developed any of the following medical conditions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. heart disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>c. stroke</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>d. Alzheimer's disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>e. colon polyps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>f. hypertension (high blood pressure)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>g. high cholesterol</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>h. Parkinson's disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>i. rheumatoid arthritis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>j. lupus, systemic sclerosis, or other systemic autoimmune diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>k. asthma</td>
</tr>
</tbody>
</table>

175. Please mark Yes, No, or Don't know for each question. Have any of your *biological sisters or brothers* developed any of the following medical conditions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. heart disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>c. stroke</td>
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<tr>
<td></td>
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<td>d. Alzheimer's disease</td>
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<td></td>
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<td></td>
<td>e. colon polyps</td>
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<tr>
<td></td>
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<td></td>
<td>f. hypertension (high blood pressure)</td>
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<td></td>
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<td>g. high cholesterol</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>h. Parkinson's disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>i. rheumatoid arthritis</td>
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<tr>
<td></td>
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<td></td>
<td>j. lupus, systemic sclerosis, or other systemic autoimmune diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>k. asthma</td>
</tr>
</tbody>
</table>
176. Please mark Yes, No, or Don’t know for each question. If you never had biological children, please mark “Never had biological children” and leave a-k blank. Have any of your biological children developed any of the following medical conditions?

<p>| | | | | | | | | |</p>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Never had biological children</td>
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<td>a.</td>
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<td>□</td>
<td>□</td>
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<tr>
<td>b.</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>c.</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
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<td>d.</td>
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<tr>
<td>f.</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>g.</td>
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<td>□</td>
<td>□</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
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<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>i.</td>
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<td>□</td>
<td>□</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td></td>
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</tr>
</tbody>
</table>

PLEASE FILL OUT THE CONTACT INFORMATION FORM ON THE NEXT PAGE.

Check to see that all questions are answered.
Give this questionnaire to the EMSI examiner when she comes for your home visit.

Thank you for completing this questionnaire!

FOR OFFICE USE ONLY:
If this form was not completed by respondent, check here □
Initials: □ □ □ Date: □ □ □ □ 20 □ □ □
Contact Information

To make sure we will be able to contact you in the future, please list the names and contact information for two people who do not live with you, but who will always know how to reach you in case you move. It is best to give the names of people who are about your age or younger.

**CONTACT 1:**

<table>
<thead>
<tr>
<th>Ms.</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Relationship to you?</td>
<td></td>
</tr>
<tr>
<td>Street Number</td>
<td></td>
</tr>
<tr>
<td>Street Name</td>
<td>Apartment Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone Number: (</td>
<td>area code ) -</td>
</tr>
</tbody>
</table>

**CONTACT 2:**

<table>
<thead>
<tr>
<th>Ms.</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Relationship to you?</td>
<td></td>
</tr>
<tr>
<td>Street Number</td>
<td></td>
</tr>
<tr>
<td>Street Name</td>
<td>Apartment Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone Number: (</td>
<td>area code ) -</td>
</tr>
</tbody>
</table>

Thank you. As with all other information you provide, these names will be kept confidential.

3096407593