

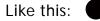
FAMILY HISTORY QUESTIONNAIRE - V3

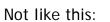
Please give your completed form to the EMSI examiner.

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.

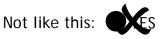
Fill in the bubbles COMPLETELY for each of the questions in this form.



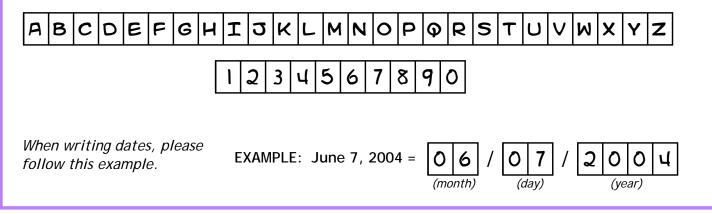




If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.



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

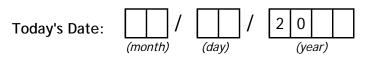


Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.

National Institute of Environmental Health Sciences / National Institutes of Health / Department of Health and Human Services

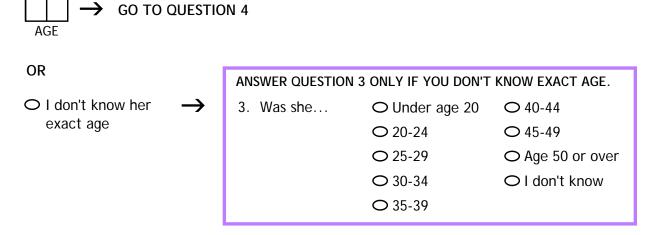
Family History

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.



1. To the best of your knowledge, are you adopted?

2. How old was your mother when she gave birth to you?



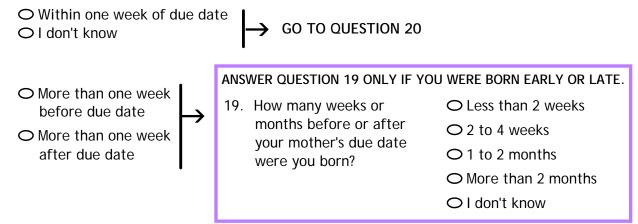
- 4. Before she was pregnant with you, did your mother have diabetes?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 5. Before she was pregnant with you, did your mother have epilepsy or a seizure disorder?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know

- 6. During the time she was pregnant with you, did your mother develop pregnancy-related high blood pressure?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 7. During the time she was pregnant with you, did your mother develop pregnancy-related diabetes?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 8. During the time she was pregnant with you, did your mother develop pre-eclampsia, eclampsia, or toxemia?
 - O Definitely
 - O Probably
 - O Probably not
 - ${\rm O}$ Definitely not
 - O I don't know
- 9. During the time she was pregnant with you, did your mother develop morning sickness with vomiting?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O 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.)
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know

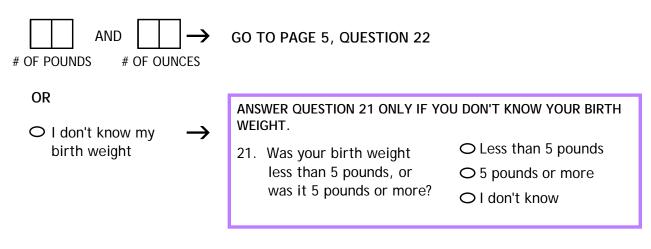
- 11. During any of the time she was pregnant with you, did your mother live on a farm?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 12. Did your mother do any farm work while she was pregnant with you?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 13. During any of the time she was pregnant with you, did your mother ever smoke cigarettes?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 14. Did your biological father smoke cigarettes at any time during the three months <u>before</u> your mother was pregnant with you?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know
- 15. Aside from your mother, did anyone in your household, including your father, smoke cigarettes at home <u>while your mother was pregnant</u> with you?
 - O Definitely
 - O Probably
 - O Probably not
 - O Definitely not
 - O I don't know

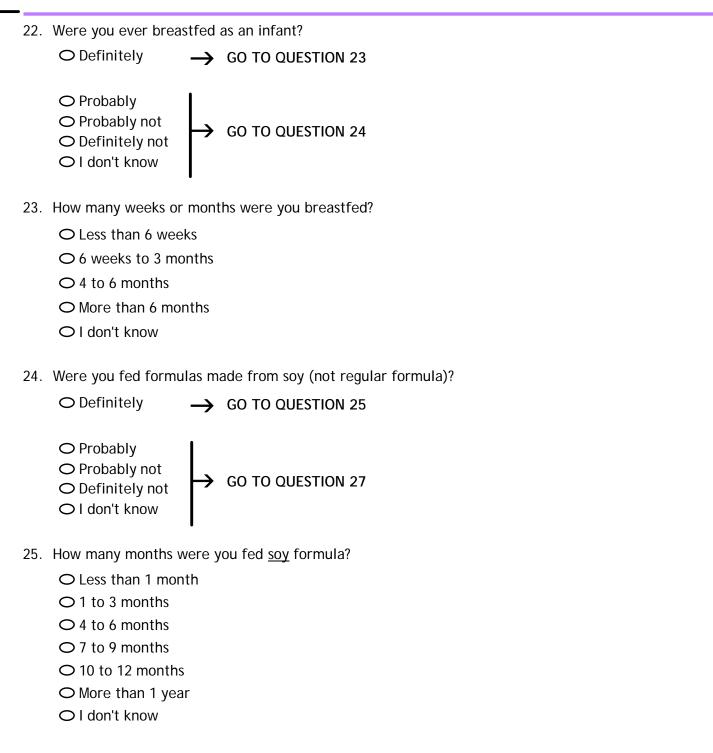
16. How old was your biological father when you were born?

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?



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





26. Were you started on soy formula within the first 2 months of your life?

- O Yes
- O No
- O I don't know
- 27. Were you a single birth, or one of a multiple birth (please include stillbirths)?

 \bigcirc Single birth \rightarrow GO TO PAGE 8, QUESTION 39

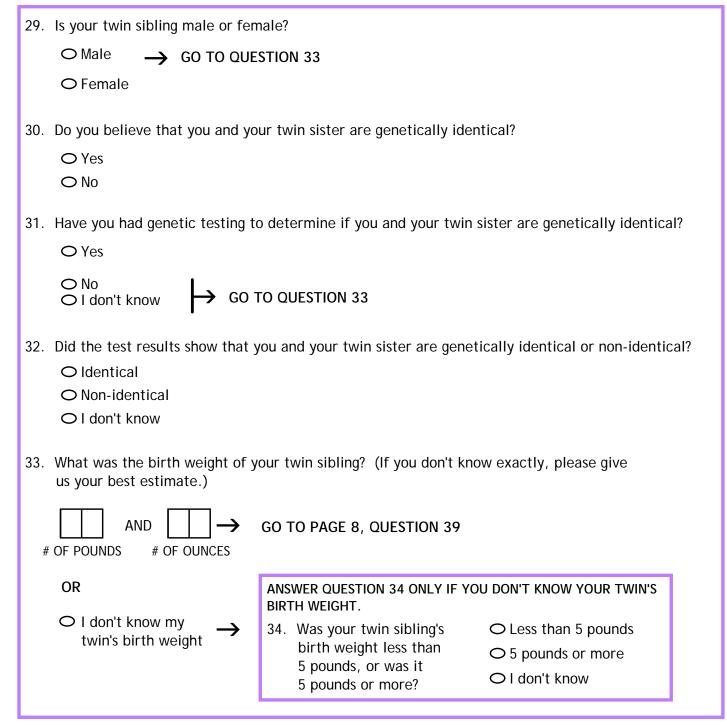
O One of a multiple birth

28. How many babies were delivered (including stillbirths)?

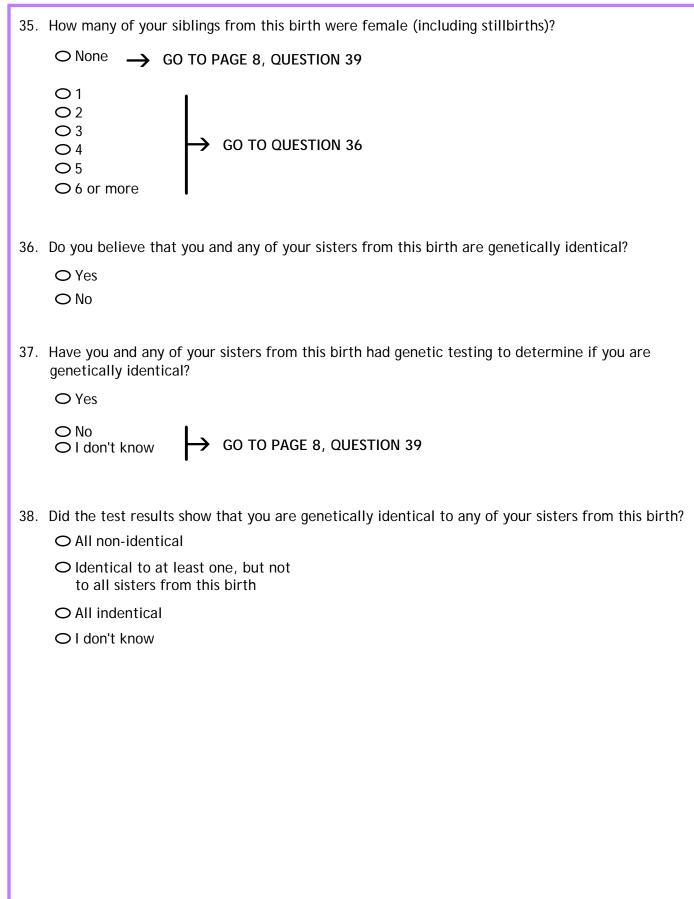
 \bigcirc 2 (twins) \rightarrow GO TO QUESTION 29



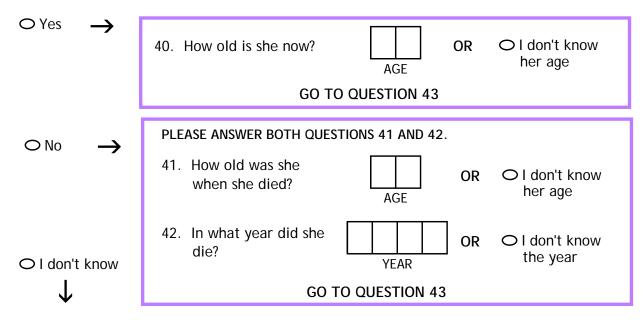
QUESTIONS 29 - 34 ARE FOR TWINS ONLY:



QUESTIONS 35 - 38 ARE FOR TRIPLETS AND UP ONLY:



39. Is your biological mother still living?



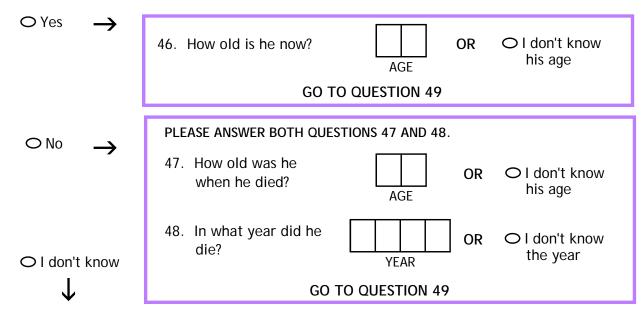
43. Was she ever diagnosed with any type of cancer?

O Yes

O No O 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.)

EXAMPLE: Iung cancer 	52 AGE	OR	O DON'T KNOW AGE
O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE



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

O Yes

O No O I don't know → GO TO PAGE 10, QUESTION 51

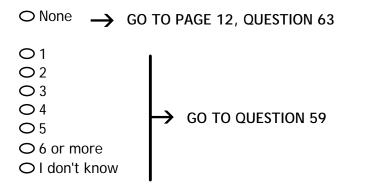
50. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

	`	1 3 7	
EXAMPLE: Iung cancer 	52 AGE	OR	O DON'T KNOW AGE
O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

51. Did your biological grandmother on your mother's side ever have breast cancer?

- **O** Yes
- O No
- O I don't know
- 52. Did your biological grandmother on your mother's side ever have ovarian cancer?
 - **O** Yes
 - ONo
 - O I don't know
- 53. Did your biological grandmother on your father's side ever have breast cancer?
 - **O** Yes
 - O No
 - O I don't know
- 54. Did your biological grandmother on your father's side ever have ovarian cancer?
 - **O** Yes
 - O No
 - O I don't know
- 55. Did your biological grandfather on your mother's side ever have prostate cancer?
 - O Yes
 - O No
 - O I don't know
- 56. Did your biological grandfather on your father's side ever have prostate cancer?
 - **O** Yes
 - O No
 - O I don't know
- 57. Did your mother have any biological sisters?
 - **O** Yes

O No O 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?



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

O No O I don't know → GO TO QUESTION 61

- 60. How many of your mother's biological sisters had breast cancer?
 - О1
 - **O** 2
 - **O** 3
 - O 4
 - **O** 5
 - O 6 or more
 - O I don't know
- 61. Did any of your mother's biological sisters ever have ovarian cancer?
 - **O** Yes

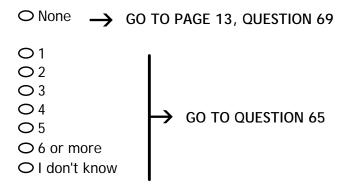
O No O I don't know → GO TO PAGE 12, QUESTION 63

- 62. How many of your mother's biological sisters had ovarian cancer?
 - 01
 - **O** 2
 - **O** 3
 - O 4
 - **O** 5
 - O 6 or more
 - O 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?



- 65. Did any of your father's biological sisters have breast cancer?
 - **O** Yes
 - O No O I don't know → GO TO QUESTION 67
- 66. How many of your father's biological sisters had breast cancer?
 - О1
 - O 2
 - **O** 3
 - 04
 - **O** 5
 - O 6 or more
 - O I don't know
- 67. Did any of your father's biological sisters ever have ovarian cancer?
 - O Yes

O No O 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

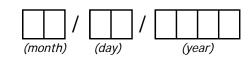
QUESTIONS ABOUT YOUR SISTER(S) WILL BE ASKED DURING YOUR TELEPHONE INTERVIEW.

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 <u>know</u> you have. That is, if you <u>know</u> 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.')

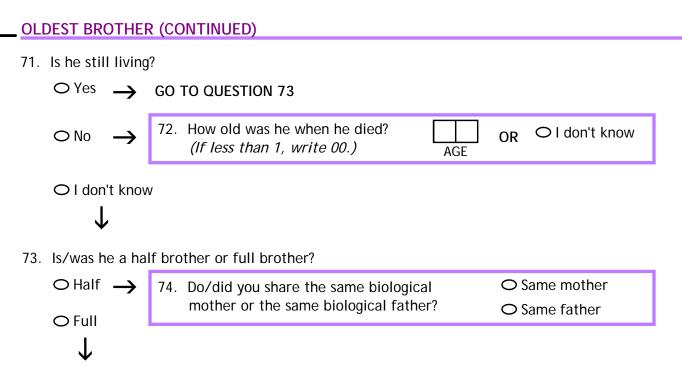
\bigcirc None \rightarrow	GO TO PAGE 20, QUESTION 112
 1 2 3 4 5 6 7 or more I don't know 	GO TO QUESTION 70

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.)



QUESTIONS ABOUT BROTHERS CONTINUE ON THE NEXT PAGE ightarrow



- 75. Was he ever diagnosed with any type of cancer?
 - O Yes

O No O I don't know

IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 15, QUESTION 77. IF YOU DO <u>NOT</u> HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.

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.)

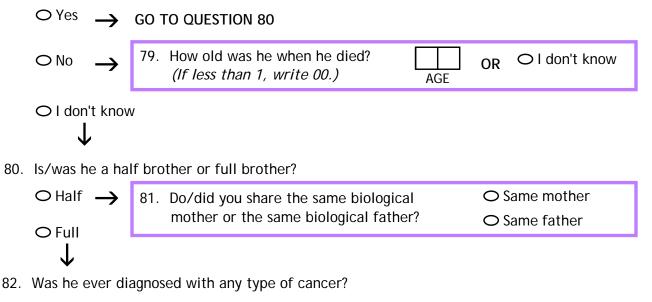
EXAMPLE: Iung cancer 	52 AGE	OR	O DON'T KNOW AGE
O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 15, QUESTION 77. IF YOU DO <u>NOT</u> 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.)

(month) (day) (year)

78. Is he still living?



O Yes

○ No ○ I don't know

IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 16, QUESTION 84. IF YOU DO <u>NOT</u> 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.)

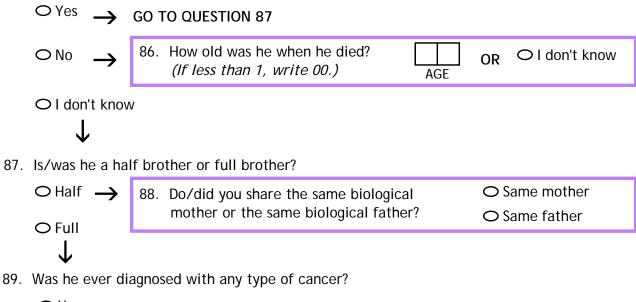
O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW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

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.)

(month) (day) (year)

85. Is he still living?



O Yes

○ No ○ I don't know

IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 17, QUESTION 91. IF YOU DO <u>NOT</u> 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.)

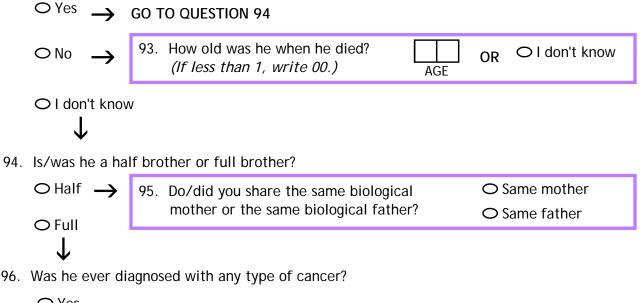
O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer			-
	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T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

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 17, QUESTION 91. IF YOU DO <u>NOT</u> 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?



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

O Yes

O No O I don't know

IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 18, QUESTION 98. IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.

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.)

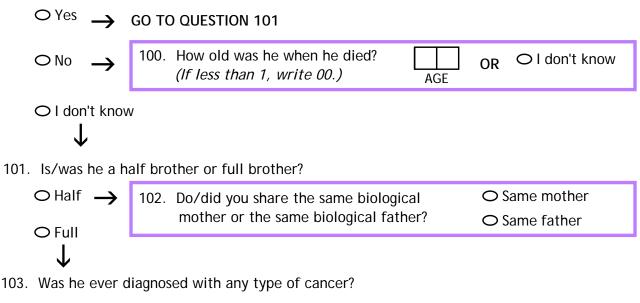
O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW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

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.)

(month) / (day) / (year)

99. Is he still living?



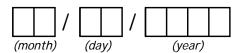
O Yes

○ 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.

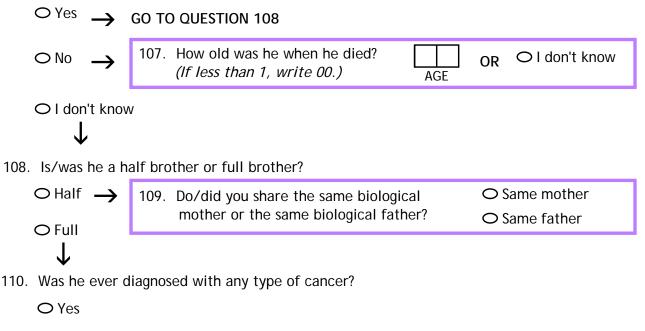
104. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

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

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 19, QUESTION 105. IF YOU DO <u>NOT</u> 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.)



106. Is he still living?



- O No O 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.)

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

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
 01
 02
 03
 04
 05
 06
 07 or more

OLDEST DAUGHTER

113. What is your o	oldest daughter's date of birth?	(month) / (day) / (year)
114. Is she still livi	ing?	
⊙Yes →	GO TO PAGE 21, QUESTION 116	
	115. How old was she when she died? (If less than 1, write 00.)	AGE OR OI don't know
⊖ Yes →	GO TO PAGE 21, QUESTION 116 115. How old was she when she died? <i>(If less than 1, write 00.)</i>	AGE

QUESTIONS ABOUT DAUGHTERS CONTINUE ON THE NEXT PAGE \rightarrow

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

O Yes

○ No ○ I don't know IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 22, QUESTION 118. IF YOU DO <u>NOT</u> HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

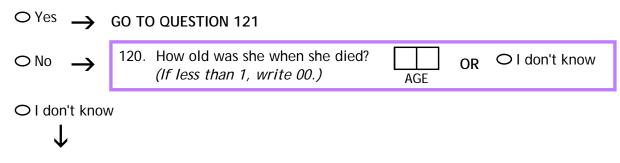
117. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

EXAMPLE: • lung cancer	52 AGE	OR	O DON'T KNOW AGE
O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 22, QUESTION 118. IF YOU DO <u>NOT</u> HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

(month) / (day) / (year)

119. Is she still living?



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

IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 23, QUESTION 123. IF YOU DO <u>NOT</u> 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.)

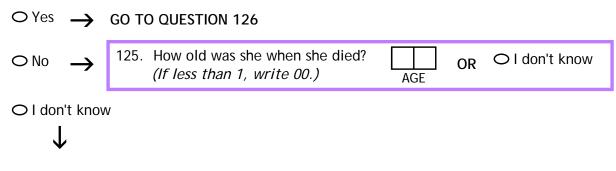
O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 O other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 23, QUESTION 123.

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

(month) / (day) / (year)

124. Is she still living?



- 126. Was she ever diagnosed with any type of cancer?
 - **O** Yes
 - No ○ I don't know

IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 24, QUESTION 128. IF YOU DO <u>NOT</u> HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

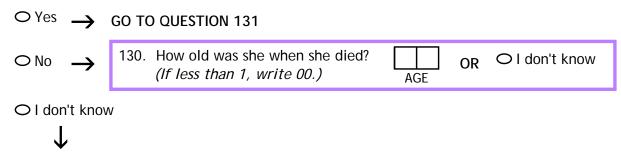
127. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

IF YOU HAVE ANOTHER DAUGHTER, CONTINUE TO PAGE 24, QUESTION 128. IF YOU DO <u>NOT</u> HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

(month) / (day) / (year)

129. Is she still living?



- 131. Was she ever diagnosed with any type of cancer?
 - **O** Yes
 - No ○ I don't know

IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 25, QUESTION 133. IF YOU DO <u>NOT</u> 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.)

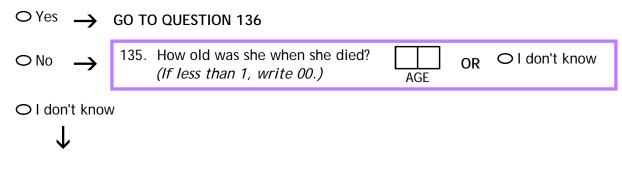
O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O 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?



- 136. Was she ever diagnosed with any type of cancer?
 - **O** Yes
 - No ○ I don't know

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

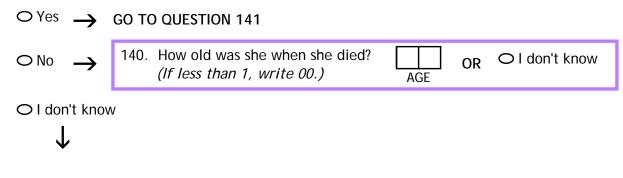
137. With which of the following types of cancer has she been diagnosed? For each diagnosis, please fill in the bubble and note her FIRST age at diagnosis. (Mark all that apply.)

O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 O other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

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

(month) / (day) / (year)

139. Is she still living?



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



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.)

O breast cancer	AGE	OR	O DON'T KNOW AGE
O ovary or ovarian cancer	AGE	OR	O DON'T KNOW AGE
O cervix or cervical cancer	AGE	OR	O DON'T KNOW AGE
O uterus or endometrial cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

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.

143. To how many sons have you given birth?

None → GO TO PAGE 34, QUESTION 174
 01
 02
 03
 04
 05
 06
 07 or more

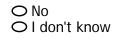
OLDEST SON

144. What is your o	oldest son's date of birth?	(month) / (day) / (year)
145. Is he still livir \bigcirc Yes \rightarrow	ng? GO TO PAGE 28, QUESTION 147	
	146. How old was he when he died? (If less than 1, write 00.)	AGE OR OI don't know
O I don't knov	\sim \rightarrow GO TO PAGE 28, QUESTION ²	147

QUESTIONS ABOUT SONS CONTINUE ON THE NEXT PAGE \rightarrow

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

O Yes



IF YOU HAVE ANOTHER SON, GO TO PAGE 29, QUESTION 149. IF YOU DO <u>NOT</u> 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.)

EXAMPLE: Iung cancer 	52 AGE	OR	O DON'T KNOW AGE
O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	${\sf O}$ don't know age
O melanoma	AGE	OR	O DON'T KNOW AGE
 O other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 29, QUESTION 149.

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

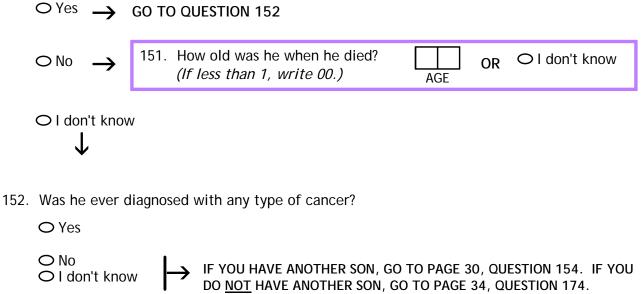
(month)

150. Is he still living?

O I don't know

149. What is your next oldest son's date of birth?

NEXT SON



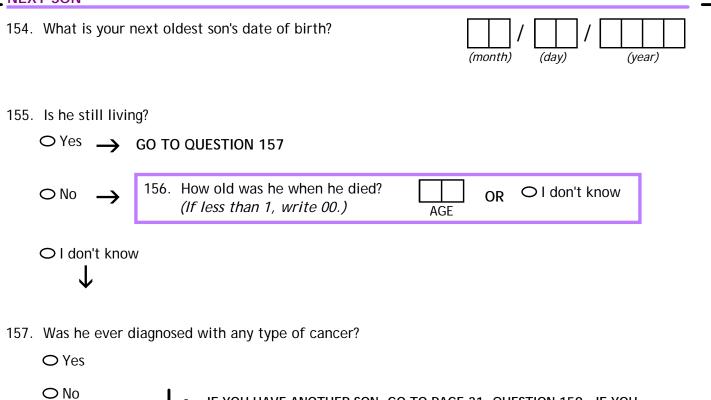
153. With which of the following types of cancer has he been diagnosed? For each diagnosis, please fill in the bubble and note his FIRST age at diagnosis. (Mark all that apply.)

O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
O melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O 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.

O I don't know



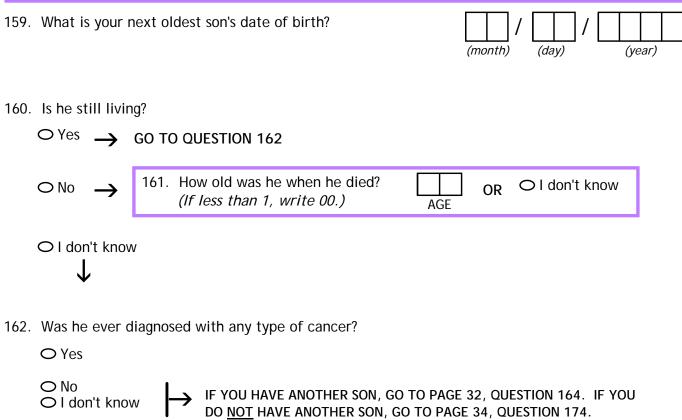
IF YOU HAVE ANOTHER SON, GO TO PAGE 31, QUESTION 159. IF YOU DO <u>NOT</u> HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

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.)

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

IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 31, QUESTION 159.

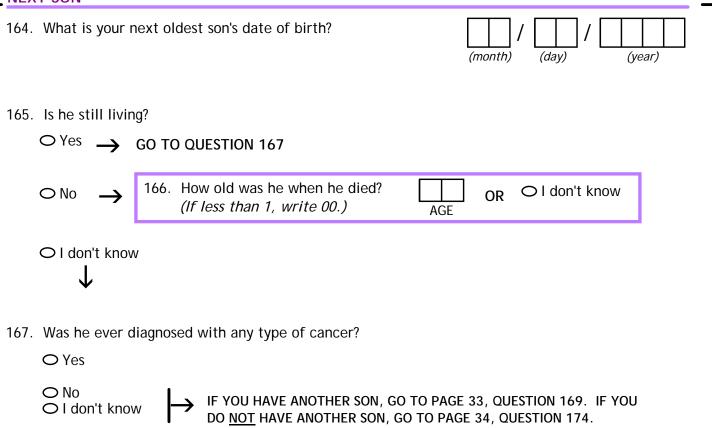
IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.



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.)

O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
⊖ melanoma	AGE	OR	O DON'T KNOW AGE
 O other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE

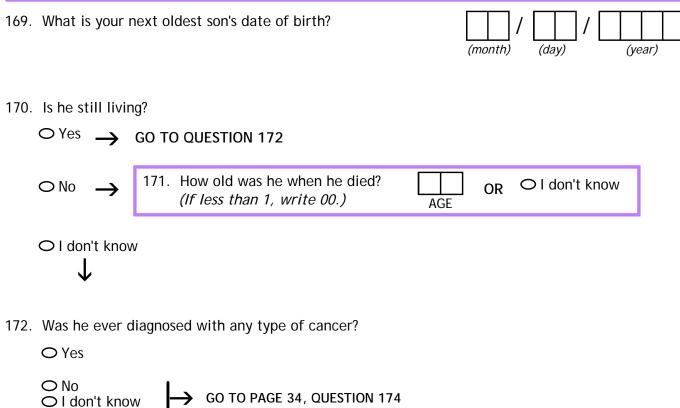
IF YOU HAVE ANOTHER SON, CONTINUE TO PAGE 32, QUESTION 164. IF YOU DO <u>NOT</u> HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174. O I don't know



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.)

O prostate cancer	AGE	OR	O DON'T KNOW AGE
O testicle or testicular cancer	AGE	OR	O DON'T KNOW AGE
O colon, bowel, or rectal cancer	AGE	OR	O DON'T KNOW AGE
O lung cancer	AGE	OR	O DON'T KNOW AGE
O leukemia or blood cancer	AGE	OR	O DON'T KNOW AGE
O lymphoma or non-Hodgkin's lymphoma	AGE	OR	O DON'T KNOW AGE
O Hodgkin's disease	AGE	OR	O DON'T KNOW AGE
O brain cancer	AGE	OR	O DON'T KNOW AGE
⊖ melanoma	AGE	OR	O DON'T KNOW AGE
 other non-melanoma skin cancer (basal or squamous cell carcinoma) 	AGE	OR	O DON'T KNOW AGE
O bladder cancer	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O DON'T KNOW AGE
O other cancer - SPECIFY:	AGE	OR	O 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.



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.)

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

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 <u>biological parents</u> developed any of the following medical conditions?

Yes	No	Don't know	
0	0	0	a. heart disease
0	0	0	b. diabetes
0	0	0	c. stroke
0	0	0	d. Alzheimer's disease
0	0	0	e. colon polyps
0	0	0	f. hypertension (high blood pressure)
0	0	0	g. high cholesterol
0	0	0	h. Parkinson's disease
0	0	0	i. rheumatoid arthritis
0	0	0	j. lupus, systemic sclerosis, or other systemic autoimmune diseases
0	0	0	k. asthma

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

Yes	No	Don't know	
0	0	0	a. heart disease
0	0	0	b. diabetes
0	0	0	c. stroke
0	0	0	d. Alzheimer's disease
0	0	0	e. colon polyps
0	0	0	f. hypertension (high blood pressure)
0	0	0	g. high cholesterol
0	0	0	h. Parkinson's disease
0	0	0	i. rheumatoid arthritis
0	0	0	j. lupus, systemic sclerosis, or other systemic autoimmune diseases
0	0	0	k. asthma

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 <u>biological children</u> developed any of the following medical conditions?

Yes	No	Don't know	O Never had biological children
0	0	0	a. heart disease
0	0	0	b. diabetes
0	0	0	c. stroke
0	0	0	d. Alzheimer's disease
0	0	0	e. colon polyps
0	0	0	f. hypertension (high blood pressure)
0	0	0	g. high cholesterol
0	0	0	h. Parkinson's disease
0	0	0	i. rheumatoid arthritis
0	0	0	j. lupus, systemic sclerosis, or other systemic autoimmune diseases
0	0	0	k. asthma

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 C If this form was not comple	OFFICE USE ONLY: eted by respondent, cl	heck here
Initials: Date	e: (month) / (day)	20 (year)

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:

			1 1			
First Name				 		
Last Name						
Relationship to you?						
Street Number						
Street Name						Apartment Number
City					State	Zip Code
Phone Number: (area code)				
ACT 2:						
ACT 2:						
ACT 2:						
First Name						
First Name Last Name						
First Name Last Name						
First Name Last Name Relationship to you?						
First Name Last Name Relationship to you?						
First Name First Name Last Name Relationship to you? Street Number						
First Name First Name Last Name Relationship to you? Street Number						Apartment Number

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