



Daughter's Form

Instructions:

- Please use a **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.
- Please keep this questionnaire clean and dry.

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 numbers without touching the sides of the boxes.

1	2	3	4	5	6	7	8	9	0
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Please return this completed form, along with copies of the requested birth documents, in the enclosed postage-paid envelope addressed to:

**The Sister Study
 1009 Slater Road
 Suite 120
 Durham, NC 27703**

Public reporting burden for this collection of information is estimated to average 5 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.

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



At the time of enrollment in the Sister Study, you completed a questionnaire on factors related to your mother's pregnancy, your early childhood, and family history of cancer and other diseases.

1. When you completed this questionnaire, did you ask family members for assistance?

Yes

No

I don't know

} ► **GO TO QUESTION 3**

2. Which family members did you receive assistance from?
Please select all that apply.

Mother

Father

Sister/Brother

Other

Please specify:

3. When you completed this questionnaire, did you look at documents related to your birth?

Yes

No

I don't know

} ► **GO TO QUESTION 5 ON THE NEXT PAGE**



4. Which documents did you look at? Please select all that apply.

- Birth certificate
- Birth announcement
- Baby book
- Reports from doctor
- Other

Please specify:

5. Do you have any documents from when you were born (i.e. birth announcement, doctor or hospital note, page from a baby book, or birth certificate) that show your birth weight? If yes, would you be willing to send us a copy?

- Yes ► **PLEASE INCLUDE A COPY WITH YOUR COMPLETED QUESTIONNAIRE**
- I don't have anything to send
- No

6. Is your biological mother still alive?

- Yes ► **GO TO QUESTION 9 ON THE NEXT PAGE**
- No
- I don't know ► **Please skip the remaining questions and return this form, with copies of any birth documents, in the postage-paid envelope provided.**

7. How old was she when she died?

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AGE

OR I don't know her age

8. In what year did she die?

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YEAR

OR I don't know the year

If your mother has passed away, please accept our condolences for your loss. Please skip the remaining questions and return this form, with copies of any birth documents, in the postage-paid envelope provided.



9. Does your mother have any cognitive impairment (i.e. substantial memory problems) that would affect her ability to answer questions about events during her pregnancy with you and your early childhood?

Yes

I don't know

No

} ► Please do not send the questionnaire to your mother if her cognitive impairment makes her unable to complete it.

10. Is your mother able to complete a questionnaire or respond to a phone interview in English?

Yes

No

► Please send the questionnaire to your mother if she is able to complete the questionnaire with assistance from an English-speaking friend or family member.

11. Will you send the enclosed questionnaire to your mother for her to fill out and return to the Sister Study office?

Yes

No

► It would help us to know the reasons you do not want to send the questionnaire. Please write your comments in the space below.

Thank you for completing this questionnaire!

