



# The Sister Study Family Health Update

## Version 1A

- Please use **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.
- Only write comments in the spaces provided.
- 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: ⊗ ⊙

Your continued participation in the Sister Study is completely voluntary and greatly appreciated. All information you share will be kept confidential. If you are not comfortable answering a question, just skip it and go to the next one. If you do not know the answer to a question, please mark the bubble that says "Don't know."

- ***Please provide information for biological relatives only—that is those relatives related to you by blood, not by marriage or adoption.***

What is today's date?

		/			/	2	0		
MONTH			DAY			YEAR			

We estimate the time to complete this questionnaire to be about 10 minutes. Please call us toll free at 877-4SISTER (877-474-7837) if you need help.

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

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**BIOLOGICAL MOTHER**

1. What is your mother's date of birth?   /   /      Don't know  
MONTH DAY YEAR

2. Is your mother still alive?

Yes →

3. What is your mother's age?     Don't know  
AGE

No →

4. How old was she when she died?     Don't know  
AGE

**AND**

5. What year did she die?      Don't know  
YEAR

Don't know

Was your mother <i>ever</i> diagnosed with...	NO	YES	When was your mother <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i>
6. breast cancer?	<input type="radio"/> No <input type="radio"/> Don't know <b>GO TO 8</b>	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <small>AGE</small> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>YEAR</small> <b>OR</b> <input type="text"/> <input type="text"/> <small>AGE: BEST GUESS</small>
7. breast cancer in the other breast (at the same or a different time)?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <small>AGE</small> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>YEAR</small> <b>OR</b> <input type="text"/> <input type="text"/> <small>AGE: BEST GUESS</small>
8. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <small>AGE</small> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>YEAR</small> <b>OR</b> <input type="text"/> <input type="text"/> <small>AGE: BEST GUESS</small>
9. pancreatic cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <small>AGE</small> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>YEAR</small> <b>OR</b> <input type="text"/> <input type="text"/> <small>AGE: BEST GUESS</small>



## BIOLOGICAL SISTERS (DO NOT INCLUDE YOURSELF)

Next we would like to know about your sister(s). Please include only biological sisters with whom you share at least one parent. Let's start with your oldest (first-born) sister.

What is her first name?

SISTER #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. What is your oldest (first-born) sister's date of birth?  /  /   Don't know

MONTH                      DAY                      YEAR

11. Is she your half or full sister?  Full, share both parents  
 Half, share mother  
 Half, share father

12. Is this sister still alive?

Yes →

13. What is this sister's age?    Don't know

AGE

No →

14. How old was she when she died?    Don't know  
*(If less than 1, write 00)*

AGE

**AND**

15. What year did she die?      Don't know

YEAR

Don't know

Was this sister <i>ever</i> diagnosed with...	NO	YES	When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i>
16. breast cancer?	<input type="radio"/> No <input type="radio"/> Don't know <b>GO TO 18</b>	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE                      YEAR                      AGE: BEST GUESS
17. breast cancer in the other breast (at the same or a different time)?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE                      YEAR                      AGE: BEST GUESS
18. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE                      YEAR                      AGE: BEST GUESS
19. pancreatic cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE                      YEAR                      AGE: BEST GUESS

20. Is/was this sister a twin, triplet, or other multiple?

- Yes, identical (monozygotic)  
 Yes, not identical (fraternal, dizygotic)  
 Yes, don't know type  
 No

First name(s) of this sister's twin/multiples:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



What is your next oldest (next born) sister's first name?

SISTER #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I do not have any more biological sisters → GO TO QUESTION 76, PAGE 9

21. What is your next oldest (next born) sister's date of birth?   /   /          Don't know  
 MONTH DAY YEAR

22. Is she your half or full sister?  Full, share both parents  
 Half, share mother  
 Half, share father

23. Is this sister still alive?

Yes →

24. What is this sister's age?    Don't know  
 AGE

No →

25. How old was she when she died?    Don't know  
*(If less than 1, write 00)*  
 AGE

AND

26. What year did she die?      Don't know  
 YEAR

Don't know

Was this sister <i>ever</i> diagnosed with...	NO	YES	When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i>
27. breast cancer?	<input type="radio"/> No <input type="radio"/> Don't know <b>GO TO 29</b>	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS
28. breast cancer in the other breast (at the same or a different time)?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS
29. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS
30. pancreatic cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS

31. Is/was this sister a twin, triplet, or other multiple?

- Yes, identical (monozygotic)
- Yes, not identical (fraternal, dizygotic)
- Yes, don't know type
- No

First name(s) of this sister's twin/multiples:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--









What is your next oldest (next born) sister's first name?

SISTER #6

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I do not have any more biological sisters → GO TO QUESTION 76, NEXT PAGE

65. What is your next oldest (next born) sister's date of birth?  /  /   
MONTH DAY YEAR  Don't know

66. Is she your half or full sister?  Full, share both parents  
 Half, share mother  
 Half, share father

67. Is this sister still alive?

Yes →

68. What is this sister's age?   
AGE  Don't know

No →

69. How old was she when she died?   
(If less than 1, write 00) AGE  Don't know

**AND**

70. What year did she die?   
YEAR  Don't know

Don't know

Was this sister <i>ever</i> diagnosed with...	NO	YES	When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i>
71. breast cancer?	<input type="radio"/> No <input type="radio"/> Don't know <b>GO TO 73</b>	<input type="radio"/> Yes	<input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small>
72. breast cancer in the other breast (at the same or a different time)?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small>
73. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small>
74. pancreatic cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small>

75. Is/was this sister a twin, triplet, or other multiple?

- Yes, identical (monozygotic)
- Yes, not identical (fraternal, dizygotic)
- Yes, don't know type
- No

First name(s) of this sister's twin/multiples:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you have more than 6 sisters, please answer the same questions for each sister and record your answers on a separate sheet of paper.



## BIOLOGICAL DAUGHTERS

Next we would like to know about your daughter(s). Please include only biological daughters, not adopted or step-daughters. Let's start with your oldest (first-born) daughter.

I do not have any biological daughters → GO TO QUESTION 106, PAGE 12

What is her first name?

DAUGHTER #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

76. What is your oldest (first-born) daughter's date of birth?  /  /   
 MONTH DAY YEAR  Don't know

77. Is this daughter still alive?

Yes →

78. What is this daughter's age?    Don't know  
 AGE

No →

79. How old was she when she died?    Don't know  
 (If less than 1, write 00) AGE

AND

80. What year did she die?      Don't know  
 YEAR

Don't know

Was this daughter <i>ever</i> diagnosed with...	NO	YES	When was this daughter <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i>
81. breast cancer?	<input type="radio"/> No <input type="radio"/> Don't know <b>GO TO 83</b>	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS
82. breast cancer in the other breast (at the same or a different time)?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS
83. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS
84. pancreatic cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS

85. Is/was this daughter a twin, triplet, or other multiple?

- Yes, identical (monozygotic)
- Yes, not identical (fraternal, dizygotic)
- Yes, don't know type
- No

First name(s) of this daughter's twin/multiples:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



What is your next oldest (next born) daughter's first name?

DAUGHTER #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I do not have any more biological daughters → GO TO QUESTION 106, PAGE 12

86. What is your next oldest (next born) daughter's date of birth?  /  /   Don't know

MONTH                      DAY                      YEAR

87. Is this daughter still alive?

Yes →

88. What is this daughter's age?    Don't know

AGE

No →

89. How old was she when she died?    Don't know  
(If less than 1, write 00)

AGE

**AND**

90. What year did she die?      Don't know

YEAR

Don't know

Was this daughter <i>ever</i> diagnosed with...	NO	YES	When was this daughter <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i>			
91. breast cancer?	<input type="radio"/> No <input type="radio"/> Don't know <b>GO TO 93</b>	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/>	AGE	YEAR	AGE: BEST GUESS
92. breast cancer in the other breast (at the same or a different time)?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/>	AGE	YEAR	AGE: BEST GUESS
93. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/>	AGE	YEAR	AGE: BEST GUESS
94. pancreatic cancer?	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/>	AGE	YEAR	AGE: BEST GUESS

95. Is/was this daughter a twin, triplet, or other multiple?

- Yes, identical (monozygotic)
- Yes, not identical (fraternal, dizygotic)
- Yes, don't know type
- No

First name(s) of this daughter's twin/multiples:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





## BIOLOGICAL FATHER, BROTHERS, AND SONS

Next we would like to know about your biological father, brother(s), and son(s). Do *not* include relatives related to you through marriage or adoption.

106. Have any of the following relatives been diagnosed with male <b>BREAST CANCER</b> ?	NO	YES	When was he <u>first</u> <b>DIAGNOSED</b> ? If you are not sure, please give your <u>best guess</u> .	What year was he <b>BORN</b> ?
Father	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIRTH YEAR
Brother <input type="radio"/> No biological brothers	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE YEAR  Is he a full or half brother? <input type="radio"/> Full, share both parents <input type="radio"/> Half, share mother <input type="radio"/> Half, share father	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIRTH YEAR
Brother	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE YEAR  Is he a full or half brother? <input type="radio"/> Full, share both parents <input type="radio"/> Half, share mother <input type="radio"/> Half, share father	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIRTH YEAR
Son <input type="radio"/> No biological sons	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIRTH YEAR
Son	<input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> <b>OR</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIRTH YEAR

If you have more brothers or sons who have been diagnosed with male **BREAST CANCER**, please answer the same questions for each one and record your answers on a separate sheet of paper.

## OTHER RELATIVES

Finally we would like to know about your other biological relatives. Do *not* include relatives related to you through marriage or adoption.

107. Have any of the following relatives been diagnosed with *breast cancer*? Mark all that apply.

### On your mother's side:

- Mother's mother (your grandmother)
- Mother's father (your grandfather)
- Mother's sister (your aunt)
- Mother's brother (your uncle)

### On your father's side:

- Father's mother (your grandmother)
- Father's father (your grandfather)
- Father's sister (your aunt)
- Father's brother (your uncle)

### Children of siblings

(Do not include children of spouse's siblings):

- Niece
- Nephew



## GENETIC TESTING

108. Have you had **BRCA1** genetic testing done?

Yes

No

Don't know

} GO TO QUESTION 115, NEXT PAGE

109. What type of test was this?

Search for any mutation (mutation search)

Search for a known family mutation (direct or predictive test)

Don't know

110. Were the results...

Positive for BRCA1 (a mutation or rearrangement that increases risk)

Negative for BRCA1 (no mutation or rearrangement that increases risk)

Inconclusive result

Don't know

Prefer not to answer

111. How old were you when you had this test?

--	--

AGE

OR

--	--	--	--

YEAR

112. Why did you have the test? *Mark all that apply.*

Family member diagnosed with **breast cancer** →

113. What was his/her age when diagnosed?

--	--

AGE

Don't know

Family member diagnosed with **ovarian cancer** →

114. What was her age when diagnosed?

--	--

AGE

Don't know

I was diagnosed with breast cancer

I was diagnosed with ovarian cancer

Family member diagnosed with both breast and ovarian cancer

Male family member diagnosed with breast cancer

Ashkenazi Jewish heritage (usually Eastern European Jewish heritage)

Close family member was tested for BRCA1 or BRCA2

Other, specify:

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115. Have you had **BRCA2** genetic testing done?

Yes

No

Don't know

} GO TO QUESTION 122, NEXT PAGE

116. What type of test was this?

Search for any mutation (mutation search)

Search for a known family mutation (direct or predictive test)

Don't know

117. Were the results...

Positive for BRCA2 (a mutation or rearrangement that increases risk)

Negative for BRCA2 (no mutation or rearrangement that increases risk)

Inconclusive result

Don't know

Prefer not to answer

118. How old were you when you had this test?

--	--

AGE

OR

--	--	--	--

YEAR

119. Why did you have the test? *Mark all that apply.*

Same reason(s) as BRCA1 → GO TO QUESTION 122, NEXT PAGE

Family member diagnosed with **breast cancer** →

120. What was his/her age when diagnosed?

--	--

AGE

Don't know

Family member diagnosed with **ovarian cancer** →

121. What was her age when diagnosed?

--	--

AGE

Don't know

I was diagnosed with breast cancer

I was diagnosed with ovarian cancer

Family member diagnosed with both breast and ovarian cancer

Male family member diagnosed with breast cancer

Ashkenazi Jewish heritage (usually Eastern European Jewish heritage)

Close family member was tested for BRCA1 or BRCA2

Other, specify:

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122. Have you had any genetic testing for breast, ovarian, or other cancer risk where multiple genes are tested at the same time (sometimes called genetic panels, cancer gene panels, hereditary cancer panels, or multigene testing)? *Examples of multigene testing panels are listed below.*

Yes

No

Don't know

} **GO TO QUESTION 126, NEXT PAGE**

123. What was the name of the test? *Mark all that apply.*

BreastNext (Ambry Genetics)

OvaNext (Ambry Genetics)

CancerNext (Ambry Genetics)

BRCAPlus (Ambry Genetics)

GYNPlus (Ambry Genetics)

MyRisk (Myriad Genetics)

OncoGeneDx Custom Panel (Gene Dx)

OncoGeneDx High/Moderate Risk Panel (Gene Dx)

Comprehensive Cancer Panel (Gene Dx)

Breast/Ovarian Cancer Panel (Gene Dx)

Breast Cancer High Risk Panel (Gene Dx)

BRCAVantage Plus (Quest Diagnostics)

PANEXIA (Myriad Genetics)

BROCA (University of Washington)

High Risk Hereditary Breast (Baylor)

Breast and Ovarian (Baylor)

High Risk Hereditary Breast (Invitae)

Women's Hereditary Cancers (Invitae)

Custom Panel (Invitae)

Don't know panel name

Other, specify:

124. Did you have positive results (a mutation or rearrangement that increases risk) for any of the genes in the multigene testing panels?

Yes

No

Don't know

} **GO TO QUESTION 126, NEXT PAGE**

125. For which genes did you have positive results (a mutation or rearrangement that increases risk)? *Mark all that apply.*

BRCA1

BRCA2

PTEN

TP53

ATM

PALB2

CDH1

STK11

Positive result but don't know gene name

Other, specify:



126. Have you been told that any of the following biological relatives have had testing done for **BRCA1 or BRCA2**: mother, father, full sister, full brother, daughter or son?

Yes

No

Don't know

} GO TO QUESTION 128

127. Did any of these blood relatives have a positive result for **BRCA1 or BRCA2** (a mutation or rearrangement that increases risk)?

Yes

No

Don't know

Prefer not to answer

128. Have you been told that any of the following biological relatives have had **other genetic testing** done for **breast or ovarian cancer**: mother, father, full sister, full brother, daughter or son?

Yes

No

Don't know

} GO TO QUESTION 130

129. Did any of these blood relatives have a positive result for **other genetic testing** for **breast or ovarian cancer** (a mutation or rearrangement that increases risk)?

Yes

No

Don't know

Prefer not to answer

130. Are you of Ashkenazi Jewish heritage? Persons of Ashkenazi Jewish heritage can usually trace their ancestry to Eastern Europe.

Yes, mother's side

Yes, father's side

Yes, both parents

No

Don't know

Prefer not to answer

---

Please check to see that all questions are answered.

**Thank you for completing this questionnaire and for your continued participation in the Sister Study.**

Please mail this form to us at the address below, using the postage-paid envelope we have provided.

The Sister Study, 4505 Emperor Blvd, Suite 400, Durham, NC 27703  
phone: 1-877-4SISTER (1-877-474-7837); email: [update@sisterstudy.org](mailto:update@sisterstudy.org)

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