ID#: SIS

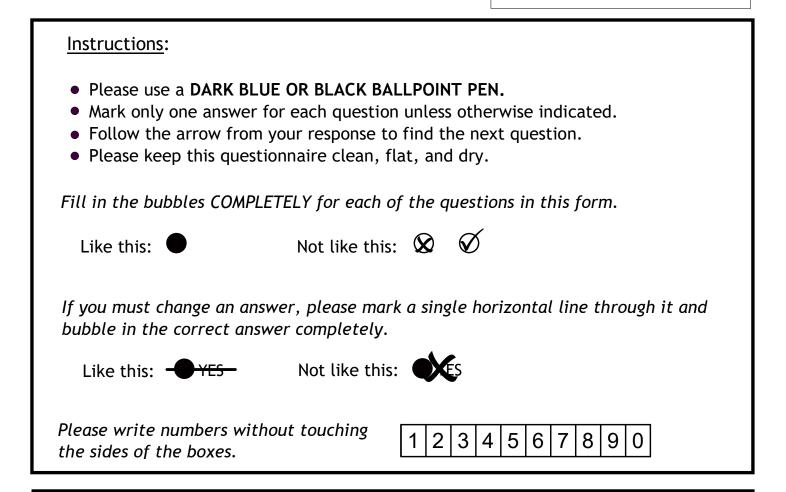


Mother's Questionnaire

Please remove this label before mailing back to us.



This questionnaire is about this daughter:

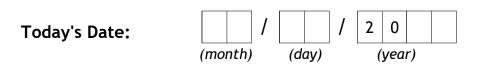


Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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



This form contains questions about your experiences before and during your pregnancy with the daughter named on the front of this questionnaire as well as questions about her childhood and her family members. It is important to this study that your answers reflect your recollection of events. Please provide your own answers to these questions to the best of your ability.



1. How old are you now?



2. How old were you when you gave birth to your daughter?



- 3. <u>Before</u> you were pregnant with your daughter, did you have diabetes?
 - ⊖ Yes
 - O No
 - ○I don't know
- 4. <u>Before</u> you were pregnant with your daughter, did you have epilepsy or a seizure disorder?
 - ⊖ Yes
 - ⊖ No
 - ○I don't know



5. During your pregnancy with your daughter, did you develop pregnancy-related high blood pressure?

○ Yes ○ No ○ I don't know

- **6.** During your pregnancy with your daughter, did you develop pregnancy-related diabetes?
 - ⊖ Yes
 - O No
 - \bigcirc I don't know

- 7. During your pregnancy with your daughter, did you develop pre-eclampsia, eclampsia, or toxemia?
 - ⊖ Yes
 - O No
 - ○I don't know
- 8. During your pregnancy with your daughter, did you ever have morning sickness with vomiting?
 - ⊖ Yes
 - O No
 - \bigcirc I don't know



- 9. During your pregnancy with your daughter, did you ever take DES (diethylstilbestrol)? This is a drug that was prescribed to pregnant women to prevent miscarriage.
 - ⊖ Yes
 - No
 - ○I don't know
- 10. During any of the time you were pregnant with your daughter, did you live on a farm?
 - ⊖ Yes
 - \bigcirc No
 - \bigcirc I don't know

- 11. While you were pregnant with your daughter, did you do any farm work?
 - Yes
 No
 I don't know
- 12. During your pregnancy with your daughter, did you ever smoke cigarettes?
 - ⊖ Yes
 - O No
 - \bigcirc I don't know



13. Excluding yourself, did anyone else in your household, including your daughter's father, smoke cigarettes <u>at home while you were pregnant</u> with your daughter?

○ Yes
○ No
○ I don't know

14. Did your daughter's biological father smoke cigarettes at any time during the three months <u>before</u> you were pregnant with your daughter?

⊖ Yes

ОNо

○I don't know

15. From the time <u>your daughter was born up to age 18</u>, have there been any periods of time lasting six months or longer, when you or any guardian that took care of your daughter most of the time smoked at least one cigarette per day <u>in the house or in her presence</u>?

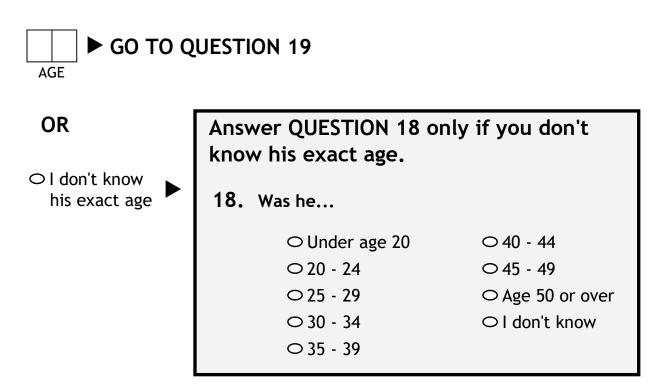
○ Yes
○ No
○ I don't know

16. From the time <u>your daughter was born up to age 18</u>, have there been any periods of time lasting six months or longer, when someone <u>other than you or her guardian</u> smoked at least one cigarette per day in her presence?

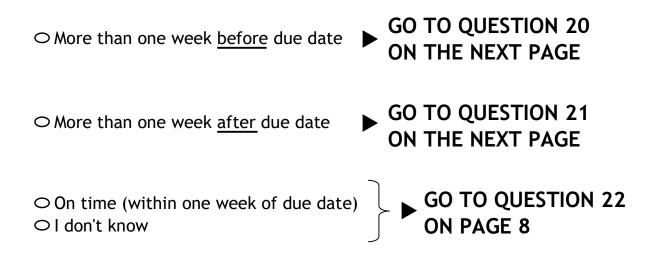
○ Yes
○ No
○ I don't know



17. How old was your daughter's biological father when you gave birth to your daughter?



19. Was your daughter born before your due date, after your due date, or on time?





Answer QUESTION 20 only if your daughter was born more than one week <u>before</u> your due date.

20. How many weeks or months <u>before</u> your due date was your daughter born?

Less than 2 weeks
2 to 4 weeks
1 to 2 months
More than 2 months
I don't know

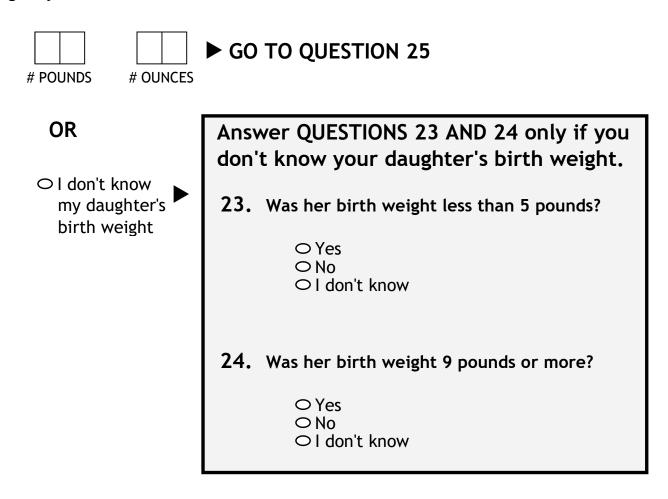
GO TO QUESTION 22 ON THE NEXT PAGE

Answer QUESTION 21 only if your daughter was born more than one week <u>after</u> your due date.

- 21. How many weeks or months <u>after</u> your due date was your daughter born?
 - Less than 2 weeks
 2 to 4 weeks
 1 to 2 months
 More than 2 months
 I don't know



22. What was your daughter's birth weight? If you don't know exactly, please give your best estimate.



- 25. When you gave birth to your daughter, how many babies were delivered (please include stillbirths)?
 - ○1 (just my daughter)
 - O 2 (twins)
 - 3 (triplets)
 - 4 (quadruplets)
 - \bigcirc 5 (quintuplets)
 - ○6 or more



26. Consider the <u>total</u> number of births (including stillbirths) you had over your lifetime, how many biological sons did you have? Please write 00 if you never gave birth to sons.

# SC	DNS

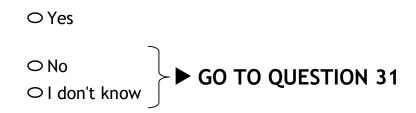
27. Consider the <u>total</u> number of births (including stillbirths) you had over your lifetime, how many biological daughters did you have?



- 28. Consider all the pregnancies you had where you gave birth to one or more babies (including stillbirths), from which of these pregnancies was your daughter born?
 - O1 (first)
 - \bigcirc 2 (second)
 - 3 (third)
 - O4 (fourth)
 - 5 (fifth)
 - ○6 (sixth)
 - ⊙7 (seventh)
 - ○8 (eighth)
 - **○**9 (ninth)
 - 10 (tenth or more)



29. Was your daughter breastfed as an infant?



30. How many weeks or months was your daughter breastfed?

Less than 6 weeks
6 weeks to 3 months
4 to 6 months
More than 6 months
I don't know

31. Was your daughter ever fed formula made from soy (soy formula)?



- 32. How many months was your daughter fed soy formula?
 - Less than 1 month
 1 3 months
 4 6 months
 7 9 months
 10 12 months
 - More than 1 year
 - I don't know



33. Was your daughter started on <u>soy</u> formula within the first 2 months of her life?

- Yes
 No
 I don't know
- 34. Think about your household income while your daughter was growing up. Would you say you were mostly...
 - well off
 middle income
 low income
 poor
- **35.** When your daughter was growing up, were there times when your family didn't have enough to eat?
 - ⊖ Yes
 - ⊖ No
- **36.** What was the highest year or level of school you had completed when your daughter was 13 years old?
 - \bigcirc No formal schooling
 - \bigcirc Less than or equal to 6th grade
 - \bigcirc 7th grade or higher but less than high school degree
 - Completed high school or G.E.D. (General Education Diploma)
 - \bigcirc Some college but no degree
 - Associate or technical degree (include LPN, RN and 1 to 3 year Nursing Certification Program)
 - Bachelor's degree
 - \bigcirc Master's or doctoral degree



37. Was your daughter's biological father living in the household with your daughter when she was 13 years old?

⊖ Yes

○ No ► GO TO QUESTION 39 ON THE NEXT PAGE

- **38.** What was the highest year or level of school your daughter's biological father had completed when your daughter was 13 years old?
 - No formal schooling
 - \odot Less than or equal to 6th grade
 - \odot 7th grade or higher but less than high school degree
 - Completed high school or G.E.D. (General Education Diploma)
 - \bigcirc Some college but no degree
 - Associate or technical degree (include LPN, RN and 1 to 3 year Nursing Certification Program)
 - Bachelor's degree
 - Master's or doctoral degree
 - ○I don't know

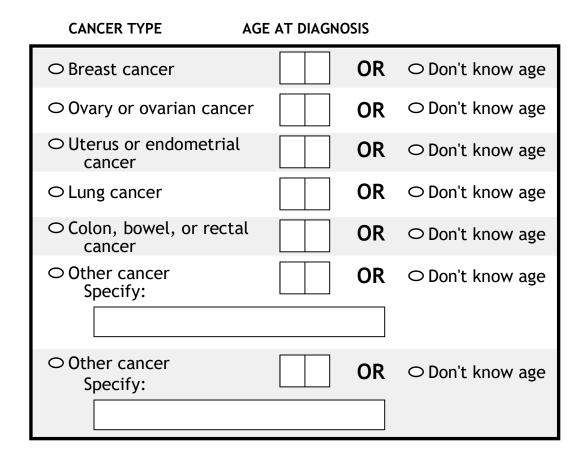


39. Were <u>you</u> ever diagnosed with any type of cancer?

⊖ Yes

○ No ► GO TO QUESTION 41 ON THE NEXT PAGE

40. With which of the following types of cancer have <u>you</u> been diagnosed? For each diagnosis, please fill in the bubble and the age at diagnosis.





41. Was your daughter's biological father ever diagnosed with any type of cancer?



- 42. With which of the following types of cancer has <u>your daughter's biological</u> <u>father</u> been diagnosed? For each diagnosis, please fill in the bubble.
 - Prostate cancer
 - Lung cancer
 - Colon, bowel, or rectal cancer
 - Other cancer Specify:

Other cancer Specify:

○ I don't know which type of cancer



43. How many of your biological daughters have been diagnosed with breast cancer?



44. For each daughter diagnosed with breast cancer, how old was she at diagnosis?

AGE AT DIAGNOSIS							
First daughter	0	R ○Don't know age					
Second daughter	O	R ○ Don't know age					
Third daughter	0	R ○ Don't know age					
Fourth daughter	O	R ○Don't know age					

45. Have <u>any of your biological daughters</u> ever been diagnosed with ovary or ovarian cancer?

⊖Yes 🕨	45a. How many? # DAUGHTERS
O No	
⊙I don't kno)W

- 46. Did your biological mother (daughter's maternal grandmother) ever have breast cancer?
 - ⊖ Yes
 - O No
 - ○I don't know

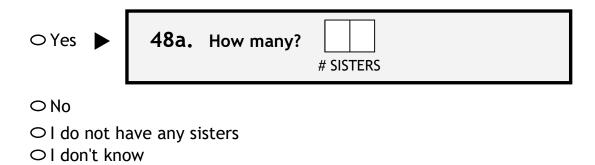


47. Did your biological mother (daughter's maternal grandmother) ever have ovarian cancer?

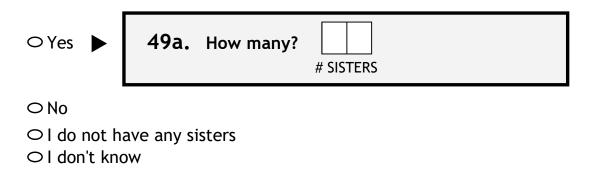
⊖ Yes

- ⊖ No
- ○I don't know

48. Did any of your full or half sisters ever have breast cancer?



49. Did any of your full or half sisters ever have ovarian cancer?



50. Did the <u>biological mother of your daughter's father (daughter's paternal</u> grandmother) ever have breast cancer?

○ Yes
○ No
○ I don't know



51. Did the <u>biological mother of your daughter's father (daughter's paternal</u> <u>grandmother)</u> ever have ovarian cancer?

○ Yes
○ No
○ I don't know

52. Have <u>you</u> ever been diagnosed with any of the following medical conditions? Please fill in the bubble for Yes, No, or Don't know for each disease listed below.

DISEASE			
a. heart disease	⊖ Yes	O No	⊖ Don't know
b. diabetes	⊖ Yes	⊖ No	⊖ Don't know
c. stroke	⊖ Yes	⊖ No	⊖ Don't know
d. Alzheimer's disease	⊖ Yes	⊖ No	⊖ Don't know
e. Parkinson's disease	⊖ Yes	⊖ No	⊂ Don't know
f. rheumatoid arthritis	⊖ Yes	⊖ No	⊖Don't know
g. lupus, systemic sclerosis, or other systemic autoimmune diseases	⊖ Yes	⊖ No	⊖ Don't know
h. asthma	⊖ Yes	○ No	⊖ Don't know



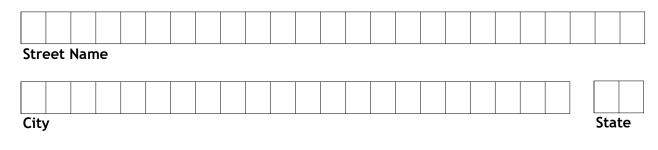
53. Has <u>your daughter's biological father</u> ever been diagnosed with any of the following medical conditions? Please fill in the bubble for Yes, No, or Don't know for each disease listed below.

DISEASE			
a. heart disease	⊖ Yes	⊖ No	⊖ Don't know
b. diabetes	⊖ Yes	⊖ No	⊖ Don't know
c. stroke	⊖ Yes	⊖ No	⊂ Don't know
d. Alzheimer's disease	⊖ Yes	⊖ No	⊖ Don't know
e. Parkinson's disease	⊖ Yes	⊖ No	⊂ Don't know
f. rheumatoid arthritis	⊖ Yes	⊖ No	⊖ Don't know
g. lupus, systemic sclerosis, or other systemic autoimmune diseases	⊖ Yes	⊖ No	⊂ Don't know
h. asthma	⊖ Yes	O No	⊖ Don't know

DISEASE

The following questions (54-64) refer to the residence where your daughter lived the longest before age 14.

54. Please list the street name, city, and state of this residence.







55. Was this located in an urban, suburban, small town, or rural area?

- ⊖ Urban
- Suburban
- Small town
- \bigcirc Rural
- Other
- 56. Do you still live at this residence?
 - ⊙ Yes ○ No
- **57.** Please fill in the bubble for the ages of your daughter while she lived at this residence.

Biı	rth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
C	C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

OR O Daughter lived at this residence from birth through age 18

The next three questions (58-60) refer to traffic near this residence <u>while your daughter</u> <u>was living there</u>.

- **58.** How would you describe the traffic on the street where the residence was located during rush hour?
 - Very light
 - ⊖ Light
 - \bigcirc Moderate
 - ⊖ Heavy
 - Very heavy
 - ○I don't know



Please use a ballpoint pen for this form

59. Think about the nearest cross-street or intersection with the street where the residence was located. Was your residence located within 100 feet of an intersection with a street where traffic was heavy or very heavy during rush hour?

⊖ Yes

○ No

 \bigcirc No intersection within 100 feet of where residence was located

○ I don't know

60. Aside from the road where the residence was located and the nearest cross-street if within 100 feet of the residence, was the residence within a quarter mile of a heavily traveled road?

○ Yes ○ No ○ I don't know

- **61.** What was the main source of drinking water for most of the time your daughter was living there?
 - Community well
 - City or town water
 - Private well
 - Bottled water
 - \bigcirc Rain water or cistern
 - River, lake, or pond
 - Spring water
 - Other source

Please specify:

⊂I don't know



- 62. Was this residence ever treated <u>regularly</u> with insecticides or pesticides, either by you or someone else, to control insects, rodents, or other pests, either inside or around the foundation while your daughter was living there? Please do not include the occasional spot use of chemicals.
 - Yes ○ No
 - ○I don't know
- **63.** While your daughter was living there, was this residence within seeing, smelling or hearing distance of any of the following? Please fill in the bubble for Yes, No, or Don't know for each.

Was it near							
a. high tension power lines, that is heavy power lines carried by very large, steel towers?	⊖ Yes	⊖ No	⊂ Don't know				
b. a gas station?	⊖ Yes	⊖ No	⊂Don't know				
c. an oil refinery?	⊖ Yes	⊖ No	⊂Don't know				
d. a sewage treatment plant?	⊖ Yes	⊖ No	⊖ Don't know				
e. a garbage dump or landfill?	⊖ Yes	⊖ No	⊂Don't know				
f. an incinerator (a furnace for burning waste or other materials)?	⊖ Yes	⊖ No	⊂ Don't know				
g. a farm or orchard (exclude small personal gardens)?	⊖ Yes	O No	⊂ Don't know				
h. a nursery or commercial greenhouse, not a retail garden center?	⊖ Yes	⊖ No	⊖ Don't know				
i. a golf course?	⊖ Yes	O No	⊖Don't know				



64. Was this property ever used as a farm or orchard for any of the time your daughter was living there? Please exclude small personal gardens.

○ Yes ► GO TO QUESTION 66
○ No

○I don't know

65. Did your daughter live on a farm for 12 months or more at any time from birth up until age 18? This could be 12 months in a row, or a few months per year over several years.



66. Were pesticides ever used on the crops grown on any of the farms your daughter lived on from birth up until age 18? Pesticides include insecticides, herbicides, fungicides, and fumigants.

Yes
No
No crops grown on farm
I don't know



67. Did the mother of the daughter specified in the participation letter fill out this questionnaire?

⊖ Yes	GO	то	END
O No			

68. Who filled out this questionnaire?

 \bigcirc Daughter in Sister Study specified in participation letter

○ Other daughter

○ Other

Please specify:

Please check to see that all questions are answered.

Thank you for completing this questionnaire!

Please mail this form to us at the address below. A postage-paid envelope is provided.

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703 phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

FOR OFFICE USE ONLY:							
Initials:	Date: /	(day) /	20 (year)				



