



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.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

When writing dates, please follow this example.

EXAMPLE: June 7, 2004 =

0	6
---	---

 /

0	7
---	---

 /

2	0	0	4
---	---	---	---

(month) (day) (year)

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.



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: / / 2 0
(month) (day) (year)

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

Yes →

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."

No

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 →

ANSWER QUESTION 3 ONLY IF YOU DON'T KNOW EXACT AGE.

3. Was she...
- | | |
|------------------------------------|--------------------------------------|
| <input type="radio"/> Under age 20 | <input type="radio"/> 40-44 |
| <input type="radio"/> 20-24 | <input type="radio"/> 45-49 |
| <input type="radio"/> 25-29 | <input type="radio"/> Age 50 or over |
| <input type="radio"/> 30-34 | <input type="radio"/> I don't know |
| <input type="radio"/> 35-39 | |

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

Please use a ballpoint pen for this form

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.)

AND



GO TO PAGE 5, QUESTION 22

OF POUNDS # OF OUNCES

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

→ GO TO QUESTION 24

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

→ GO TO QUESTION 27

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

→ GO TO PAGE 7, QUESTION 35

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 → GO TO QUESTION 33

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



GO TO PAGE 8, QUESTION 39

OF POUNDS

OF OUNCES

OR

I don't know my twin's birth weight →

ANSWER QUESTION 34 ONLY IF YOU DON'T KNOW YOUR 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

5

6 or more

→ GO TO QUESTION 36

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

I don't know → GO TO PAGE 8, QUESTION 39

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 →

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

GO TO QUESTION 43

No →

PLEASE ANSWER BOTH QUESTIONS 41 AND 42.

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

I don't know



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.)

EXAMPLE: <input checked="" type="radio"/> lung cancer	<input type="text"/> 5 <input type="text"/> 2	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> breast cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> ovary or ovarian cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> cervix or cervical cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> uterus or endometrial cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

45. Is your biological father still living?

Yes →

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

GO TO QUESTION 49

No →

PLEASE ANSWER BOTH QUESTIONS 47 AND 48.

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

I don't know ↓

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.)

EXAMPLE: <input checked="" type="radio"/> lung cancer	<input type="text"/> 5 <input type="text"/> 2	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

Please use a ballpoint pen for this form

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

Please use a ballpoint pen for this form

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

Please use a ballpoint pen for this form

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? AGE OR I don't know
(If less than 1, write 00.)

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

Full Same father



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

Yes

No

I don't know



IF YOU HAVE ANOTHER BROTHER, GO TO PAGE 15, QUESTION 77. IF YOU DO NOT 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: ● lung cancer	<input checked="" type="text"/> 5 <input type="text"/> 2	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> prostate cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 15, QUESTION 77.

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

NEXT BROTHER

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?

Yes → GO TO QUESTION 80

No → 79. How old was he when he died? OR I don't know
 (If less than 1, write 00.) AGE

I don't know
 ↓

80. Is/was he a half brother or full brother?

Half → 81. Do/did you share the same biological mother or the same biological father? Same mother
 Full Same father

↓

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

Yes

No

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

NEXT BROTHER

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?

Yes → GO TO QUESTION 87

No → 86. How old was he when he died? OR I don't know
 (If less than 1, write 00.) AGE

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

Full Same father



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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 17, QUESTION 91.

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

NEXT BROTHER

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? AGE OR I don't know
 (If less than 1, write 00.)

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
 Full Same father

↓

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

Yes

No

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

NEXT BROTHER

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?

Yes → GO TO QUESTION 101

No → 100. How old was he when he died? OR I don't know
 (If less than 1, write 00.) AGE

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
 Full Same father

↓

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

IF YOU HAVE ANOTHER BROTHER, CONTINUE TO PAGE 19, QUESTION 105.
 IF YOU DO NOT HAVE ANOTHER BROTHER, GO TO PAGE 20, QUESTION 112.

NEXT BROTHER

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? AGE OR I don't know
(If less than 1, write 00.)

I don't know
↓

108. Is/was he a half brother or full brother?

Half → 109. Do/did you share the same biological mother or the same biological father? Same mother

Full ↓ Same father

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

Yes

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

DAUGHTERS

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

OLDEST DAUGHTER

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(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.) AGE OR I don't know

I don't know → GO TO PAGE 21, QUESTION 116

QUESTIONS ABOUT DAUGHTERS CONTINUE ON THE NEXT PAGE →

OLDEST DAUGHTER (CONTINUED)

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.)

EXAMPLE: ● lung cancer	<input type="text" value="5"/> <input type="text" value="2"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> breast cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> ovary or ovarian cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> cervix or cervical cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> uterus or endometrial cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

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

Please use a ballpoint pen for this form

NEXT DAUGHTER

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? OR I don't know
(If less than 1, write 00.) AGE

I don't know
↓

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

Yes

No
 I don't know → IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 23, QUESTION 123.
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.)

<input type="radio"/> breast cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> ovary or ovarian cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> cervix or cervical cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> uterus or endometrial cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

NEXT DAUGHTER

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

/ /
 (month) (day) (year)

124. Is she still living?

Yes → GO TO QUESTION 126

No → 125. How old was she when she died? OR I don't know
 (If less than 1, write 00.) AGE

I don't know



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

Yes

No

I don't know



IF YOU HAVE ANOTHER DAUGHTER, GO TO PAGE 24, QUESTION 128.
 IF YOU DO NOT 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.)

<input type="radio"/> breast cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> ovary or ovarian cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> cervix or cervical cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> uterus or endometrial cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE

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

Please use a ballpoint pen for this form

NEXT DAUGHTER

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? OR I don't know
(If less than 1, write 00.) AGE

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 AGE OR DON'T KNOW AGE
- ovary or ovarian cancer AGE OR DON'T KNOW AGE
- cervix or cervical cancer AGE OR DON'T KNOW AGE
- uterus or endometrial 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 DAUGHTER, CONTINUE TO PAGE 25, QUESTION 133.
IF YOU DO NOT HAVE ANOTHER DAUGHTER, GO TO PAGE 27, QUESTION 143.

NEXT DAUGHTER

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? OR I don't know
 (If less than 1, write 00.) AGE

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.)

<input type="radio"/> breast cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> ovary or ovarian cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> cervix or cervical cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> uterus or endometrial cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

NEXT DAUGHTER

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

/ /
 (month) (day) (year)

139. Is she still living?

Yes → GO TO QUESTION 141

No → 140. How old was she when she died? OR I don't know
 (If less than 1, write 00.) AGE

I don't know
 ↓

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

Yes

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

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.)

<input type="radio"/> breast cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> ovary or ovarian cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> cervix or cervical cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> uterus or endometrial cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

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.) OR I don't know
AGE

I don't know → GO TO PAGE 28, QUESTION 147

Please use a ballpoint pen for this form

QUESTIONS ABOUT SONS CONTINUE ON THE NEXT PAGE →

OLDEST SON (CONTINUED)

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.)

EXAMPLE: ● lung cancer	<input type="text" value="5"/> <input type="text" value="2"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> prostate cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/>	AGE	OR	<input type="radio"/> 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.

NEXT SON

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? OR I don't know
 (If less than 1, write 00.) AGE

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

NEXT SON

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

I don't know

→ IF YOU HAVE ANOTHER SON, GO TO PAGE 31, QUESTION 159. IF YOU DO NOT 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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

NEXT SON

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? OR I don't know
(If less than 1, write 00.) AGE

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

NEXT SON

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? OR I don't know
 (If less than 1, write 00.) AGE

I don't know
↓

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

Yes

No

I don't know

→ IF YOU HAVE ANOTHER SON, GO TO PAGE 33, QUESTION 169. IF YOU DO NOT HAVE ANOTHER SON, GO TO PAGE 34, QUESTION 174.

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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

NEXT SON

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

/ /
(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 OR 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.)

<input type="radio"/> prostate cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> testicle or testicular cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lung cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> leukemia or blood cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> lymphoma or non-Hodgkin's lymphoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> Hodgkin's disease	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> brain cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> melanoma	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other non-melanoma skin cancer (basal or squamous cell carcinoma)	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> bladder cancer	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> DON'T KNOW AGE
<input type="radio"/> other cancer - SPECIFY: _____	<input type="text"/> <input type="text"/>	AGE	OR	<input type="radio"/> 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.

Please use a ballpoint pen for this form

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?

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

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?

Yes	No	Don't know	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a. heart disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. diabetes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. stroke
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Alzheimer's disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e. colon polyps
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	f. hypertension (high blood pressure)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	g. high cholesterol
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	h. Parkinson's disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	i. rheumatoid arthritis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	j. lupus, systemic sclerosis, or other systemic autoimmune diseases
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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 biological children developed any of the following medical conditions?

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

Please use a ballpoint pen for this form

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: / /

(month) (day) (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:

Ms.
 Mr.

First Name

Last Name

Relationship to you?

Street Number

Street Name

Apartment Number

City

State

Zip Code

Phone Number: () -

area code

CONTACT 2:

Ms.
 Mr.

First Name

Last Name

Relationship to you?

Street Number

Street Name

Apartment Number

City

State

Zip Code

Phone Number: () -

area code

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