



Mother's Questionnaire

This questionnaire is about
this daughter:

Please remove this label
before mailing back to us.



Instructions:

- Please use a **DARK BLUE OR BLACK BALLPOINT PEN.**
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Please keep this questionnaire clean, flat, and dry.

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

Like this: ● Not like this: ⊗ ⊙

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

Like this: ● ~~YES~~ Not like this: ⊗ ~~YES~~

*Please write numbers without touching
the sides of the boxes.*

1	2	3	4	5	6	7	8	9	0
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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.



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.

Today's Date:

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 /

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 /

2	0		
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(month) *(day)* *(year)*

1. How old are you now?

--	--

AGE

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

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AGE

3. Before you were pregnant with your daughter, did you have diabetes?

- Yes
- No
- I don't know

4. Before 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
- No
- I don't know

7. During your pregnancy with your daughter, did you develop pre-eclampsia, eclampsia, or toxemia?

- Yes
- No
- I don't know

8. During your pregnancy with your daughter, did you ever have morning sickness with vomiting?

- Yes
- No
- 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
- No
- 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
- No
- I don't know



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

- Yes
- No
- I don't know

15. From the time your daughter was born up to age 18, 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 in the house or in her presence?

- Yes
- No
- I don't know

16. From the time your daughter was born up to age 18, have there been any periods of time lasting six months or longer, when someone other than you or her guardian 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?

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AGE

▶ GO TO QUESTION 19

OR

I don't know his exact age ▶

Answer QUESTION 18 only if you don't know his exact age.

18. Was he...

Under age 20

20 - 24

25 - 29

30 - 34

35 - 39

40 - 44

45 - 49

Age 50 or over

I don't know

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

More than one week before due date

▶ GO TO QUESTION 20
ON THE NEXT PAGE

More than one week after due date

▶ GO TO QUESTION 21
ON THE NEXT PAGE

On time (within one week of due date)

I don't know

} ▶ GO TO QUESTION 22
ON PAGE 8



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

20. How many weeks or months before 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 after your due date.

21. How many weeks or months after 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

Please use a ballpoint pen for this form



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

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POUNDS

--	--

OUNCES

▶ GO TO QUESTION 25

OR

I don't know my daughter's birth weight ▶

Answer QUESTIONS 23 AND 24 only if you don't know your daughter's birth weight.

23. Was her birth weight less than 5 pounds?

- Yes
- No
- I don't know

24. Was her birth weight 9 pounds or more?

- Yes
- No
- I don't know

25. When you gave birth to your daughter, how many babies were delivered (please include stillbirths)?

- 1 (just my daughter)
- 2 (twins)
- 3 (triplets)
- 4 (quadruplets)
- 5 (quintuplets)
- 6 or more



26. Consider the total 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.

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SONS

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

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DAUGHTERS

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?

- 1 (first)
- 2 (second)
- 3 (third)
- 4 (fourth)
- 5 (fifth)
- 6 (sixth)
- 7 (seventh)
- 8 (eighth)
- 9 (ninth)
- 10 (tenth or more)



29. Was your daughter breastfed as an infant?

Yes

No

I don't know

} ► **GO TO QUESTION 31**

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)?

Yes

No

I don't know

} ► **GO TO QUESTION 34 ON THE NEXT PAGE**

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 soy 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?

- No formal schooling
- Less than or equal to 6th grade
- 7th grade or higher but less than high school degree
- Completed high school or G.E.D. (General Education Diploma)
- 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

Please use a ballpoint pen for this form



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

Less than or equal to 6th grade

7th grade or higher but less than high school degree

Completed high school or G.E.D. (General Education Diploma)

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 you 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 you been diagnosed? For each diagnosis, please fill in the bubble and the age at diagnosis.

CANCER TYPE	AGE AT DIAGNOSIS		
<input type="radio"/> Breast cancer	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="radio"/> Ovary or ovarian cancer	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="radio"/> Uterus or endometrial cancer	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="radio"/> Lung cancer	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="radio"/> Colon, bowel, or rectal cancer	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="radio"/> Other cancer Specify:	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="text"/>			
<input type="radio"/> Other cancer Specify:	<input type="text"/> <input type="text"/>	OR	<input type="radio"/> Don't know age
<input type="text"/>			

Please use a ballpoint pen for this form



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

Yes

No

I don't know

} ► **GO TO QUESTION 43 ON THE NEXT PAGE**

42. With which of the following types of cancer has your daughter's biological father 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?

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DAUGHTERS

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

AGE AT DIAGNOSIS					
First daughter	<table border="1"><tr><td> </td><td> </td></tr></table>			OR	<input type="radio"/> Don't know age
Second daughter	<table border="1"><tr><td> </td><td> </td></tr></table>			OR	<input type="radio"/> Don't know age
Third daughter	<table border="1"><tr><td> </td><td> </td></tr></table>			OR	<input type="radio"/> Don't know age
Fourth daughter	<table border="1"><tr><td> </td><td> </td></tr></table>			OR	<input type="radio"/> Don't know age

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

Yes ►

<p>45a. How many? <table border="1"><tr><td> </td><td> </td></tr></table> # DAUGHTERS</p>		

No
 I don't know

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

Yes
 No
 I don't know

Please use a ballpoint pen for this form



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?

Yes ▶

48a. How many?
SISTERS

- No
- I do not have any sisters
- I don't know

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

Yes ▶

49a. How many?
SISTERS

- No
- I do not have any sisters
- I don't know

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

- Yes
- No
- I don't know



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

- Yes
- No
- I don't know

52. Have you 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	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
b. diabetes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
c. stroke	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
d. Alzheimer's disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
e. Parkinson's disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
f. rheumatoid arthritis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
g. lupus, systemic sclerosis, or other systemic autoimmune diseases	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
h. asthma	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know

Please use a ballpoint pen for this form



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

- Urban
- Suburban
- Small town
- 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.

Birth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OR Daughter lived at this residence from birth through age 18

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

58. How would you describe the traffic on the street where the residence was located during rush hour?

- Very light
- Light
- Moderate
- Heavy
- Very heavy
- I don't know



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
- 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
- Rain water or cistern
- River, lake, or pond
- Spring water
- Other source

Please specify:

- I don't know



62. Was this residence ever treated regularly 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?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
b. a gas station?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
c. an oil refinery?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
d. a sewage treatment plant?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
e. a garbage dump or landfill?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
f. an incinerator (a furnace for burning waste or other materials)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
g. a farm or orchard (exclude small personal gardens)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
h. a nursery or commercial greenhouse, not a retail garden center?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
i. a golf course?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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.

Yes

No

I don't know

} ► **GO TO QUESTION 67 ON THE NEXT PAGE**

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 TO END**

No

68. Who filled out this questionnaire?

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:

If this form was not completed by respondent, check here

Initials:

Date: / / 20
(month) (day) (year)



