



The Sister Study Family Health Update

Version 1A

- Please use **DARK BLUE OR BLACK BALLPOINT PEN**.
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

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

Like this: ●

Not like this: ○



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

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

What is today's date?

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|---|--|--|
| | | / | | | / | 2 | 0 | | |
| MONTH | | | DAY | | | YEAR | | | |

We estimate the time to complete this questionnaire to be about 20 minutes. Please call us toll free at 877-4SISTER (877-474-7837) if you need help.

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

60463



BIOLOGICAL MOTHER

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

2. Is your mother still alive?

Yes →

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

No →

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

AND

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

Don't know

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



BIOLOGICAL FATHER

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

11. Is your father still alive?

Yes → 12. What is your father's age? Don't know
 AGE

No → 13. How old was he when he died? Don't know
 AGE

AND

14. What year did he die? Don't know
 YEAR

Don't know

| Was your father <i>ever</i> diagnosed with... | NO | YES | When was your father <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|--|---|---------------------------|--|
| 15. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 17 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 16. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 17. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 18. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

BIOLOGICAL SISTERS (DO NOT INCLUDE YOURSELF)

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

What is her first name?

SISTER #1

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

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| | |
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MONTH

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DAY

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YEAR

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

21. Is this sister still alive?

Yes →

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

AGE

No →

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

AGE

AND

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

YEAR

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|--|---|---------------------------|--|
| 25. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 27 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 26. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 27. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 28. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

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

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

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

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

SISTER #2

| | | | | | | | | | | | | | | |
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I do not have any more biological sisters → GO TO QUESTION 107, PAGE 12

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

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

32. Is this sister still alive?

Yes →

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

No →

34. How old was she when she died? Don't know
(If less than 1, write 00)
AGE
AND
35. What year did she die? Don't know
YEAR

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|--|---|---------------------------|--|
| 36. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 38 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 37. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 38. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 39. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

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

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

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



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

SISTER #3

| | | | | | | | | | | | | | | | | | |
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I do not have any more biological sisters → GO TO QUESTION 107, PAGE 12

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

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

43. Is this sister still alive?

Yes →

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

No →

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

AND

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

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <i>first</i> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|--|---|---------------------------|---|
| 47. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 49 | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |
| 48. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |
| 49. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |
| 50. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |

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

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

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

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

SISTER #4

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I do not have any more biological sisters → GO TO QUESTION 107, PAGE 12

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

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

54. Is this sister still alive?

Yes →

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

No →

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

AND

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

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|--|---|---------------------------|---|
| 58. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 60 | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |
| 59. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |
| 60. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |
| 61. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <u>OR</u> <input type="text"/> <u>OR</u> <input type="text"/> <small>AGE YEAR AGE: BEST GUESS</small> |

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

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

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

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

SISTER #5

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I do not have any more biological sisters → GO TO QUESTION 107, PAGE 12

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

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

65. Is this sister still alive?

Yes →

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

No →

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

AND

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

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|--|---|---------------------------|---|
| 69. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 71 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 70. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 71. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 72. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

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

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

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

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

SISTER #6

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I do not have any more biological sisters → GO TO QUESTION 107, PAGE 12

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

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

76. Is this sister still alive?

Yes →

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

No →

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

AND

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

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|--|---|---------------------------|--|
| 80. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 82 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 81. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 82. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 83. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

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

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

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

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

SISTER #7

| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological sisters → GO TO QUESTION 107, PAGE 12

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

MONTH DAY YEAR

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

87. Is this sister still alive?

Yes →

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

AGE

No →

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

AGE

AND

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

YEAR

Don't know

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

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

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

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

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



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

SISTER #8

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological sisters → **GO TO QUESTION 107, NEXT PAGE**

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

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

98. Is this sister still alive?

Yes →

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

No →

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

AND

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

Don't know

| Was this sister <i>ever</i> diagnosed with... | NO | YES | When was this sister <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|---|--|---------------------------|---|
| 102. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 104 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 103. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 104. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 105. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE: BEST GUESS |

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

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If you have more than 8 sisters, please answer the same questions for each sister and record your answers on a separate sheet of paper.

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BIOLOGICAL BROTHERS

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

I do not have any biological brothers → GO TO QUESTION 162, PAGE 17

What is his first name?

BROTHER #1

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

108. Is he your half or full brother? Full, share both parents
 Half, share mother
 Half, share father

109. Is this brother still alive?

Yes →

110. What is this brother's age?
AGE Don't know

No →

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

AND

112. What year did he die?
YEAR Don't know

Don't know

| Was this brother <i>ever</i> diagnosed with... | NO | YES | When was this brother <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|--|
| 113. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 115 | <input type="radio"/> Yes | <input type="text"/> <small>AGE</small> OR <input type="text"/> <small>YEAR</small> OR <input type="text"/> <small>AGE: BEST GUESS</small> |
| 114. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <small>AGE</small> OR <input type="text"/> <small>YEAR</small> OR <input type="text"/> <small>AGE: BEST GUESS</small> |
| 115. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <small>AGE</small> OR <input type="text"/> <small>YEAR</small> OR <input type="text"/> <small>AGE: BEST GUESS</small> |
| 116. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <small>AGE</small> OR <input type="text"/> <small>YEAR</small> OR <input type="text"/> <small>AGE: BEST GUESS</small> |

117. Is/was this brother a twin, triplet, or other multiple?

- Yes, identical (monozygotic)
- Yes, not identical (fraternal, dizygotic)
- Yes, don't know type

No

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

BROTHER #2

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological brothers → GO TO QUESTION 162, PAGE 17

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

119. Is he your half or full brother? Full, share both parents
 Half, share mother
 Half, share father

120. Is this brother still alive?

Yes →

121. What is this brother's age? Don't know
 AGE

No →

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

AND

123. What year did he die? Don't know
 YEAR

Don't know

| Was this brother <i>ever</i> diagnosed with... | NO | YES | When was this brother <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|--|
| 124. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 126 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 125. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 126. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 127. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |

128. Is/was this brother a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

BROTHER #3

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological brothers → GO TO QUESTION 162, PAGE 17

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

130. Is he your half or full brother? Full, share both parents
 Half, share mother
 Half, share father

131. Is this brother still alive?

Yes →

132. What is this brother's age? Don't know
 AGE

No →

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

AND

134. What year did he die? Don't know
 YEAR

Don't know

| Was this brother <i>ever</i> diagnosed with... | NO | YES | When was this brother <i>first</i> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|--|
| 135. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 137 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS |
| 136. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS |
| 137. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS |
| 138. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="radio"/> Don't know AGE YEAR AGE: BEST GUESS |

139. Is/was this brother a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



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

BROTHER #4

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological brothers → GO TO QUESTION 162, PAGE 17

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

141. Is he your half or full brother? Full, share both parents
 Half, share mother
 Half, share father

142. Is this brother still alive?

Yes →

143. What is this brother's age? Don't know
 AGE

No →

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

AND

145. What year did he die? Don't know
 YEAR

Don't know

| Was this brother <i>ever</i> diagnosed with... | NO | YES | When was this brother <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|--|
| 146. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 148 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 147. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 148. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 149. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

150. Is/was this brother a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

BROTHER #5

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological brothers → GO TO QUESTION 162, NEXT PAGE

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

152. Is he your half or full brother? Full, share both parents
 Half, share mother
 Half, share father

153. Is this brother still alive?

Yes →

154. What is this brother's age? Don't know
 AGE

No →

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

AND

156. What year did he die? Don't know
 YEAR

Don't know

| Was this brother <i>ever</i> diagnosed with... | NO | YES | When was this brother <i>first</i> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|---|
| 157. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 159 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 158. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 159. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 160. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

161. Is/was this brother a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If you have more than 5 brothers, please answer the same questions for each brother and record your answers on a separate sheet of paper.



BIOLOGICAL DAUGHTERS

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

I do not have any biological daughters → GO TO QUESTION 192, PAGE 20

What is her first name?

DAUGHTER #1

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

162. What is your oldest (first-born) daughter's date of birth?

| | | | | | | | |
|-------|--|-----|--|------|--|--|--|
| | | | | | | | |
| MONTH | | DAY | | YEAR | | | |

Don't know

163. Is this daughter still alive?

Yes →

164. What is this daughter's age?

| | |
|-----|--|
| | |
| AGE | |

Don't know

No →

165. How old was she when she died?
(If less than 1, write 00)

| | |
|-----|--|
| | |
| AGE | |

Don't know

AND

166. What year did she die?

| | | | |
|------|--|--|--|
| | | | |
| YEAR | | | |

Don't know

Don't know

| Was this daughter <i>ever</i> diagnosed with... | NO | YES | When was this daughter <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> | | | | | | | | | | | | | | | | |
|---|--|---------------------------|--|--|--|-----------------|--|--|--|--|--|-----|--|------|--|--|--|-----------------|--|
| 167. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 169 | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> OR <td></td><td></td><td></td><td></td> OR <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td colspan="4">YEAR</td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | | | | | | | AGE | | YEAR | | | | AGE: BEST GUESS | |
| | | | | | | | | | | | | | | | | | | | |
| AGE | | YEAR | | | | AGE: BEST GUESS | | | | | | | | | | | | | |
| 168. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> OR <td></td><td></td><td></td><td></td> OR <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td colspan="4">YEAR</td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | | | | | | | AGE | | YEAR | | | | AGE: BEST GUESS | |
| | | | | | | | | | | | | | | | | | | | |
| AGE | | YEAR | | | | AGE: BEST GUESS | | | | | | | | | | | | | |
| 169. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> OR <td></td><td></td><td></td><td></td> OR <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td colspan="4">YEAR</td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | | | | | | | AGE | | YEAR | | | | AGE: BEST GUESS | |
| | | | | | | | | | | | | | | | | | | | |
| AGE | | YEAR | | | | AGE: BEST GUESS | | | | | | | | | | | | | |
| 170. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> OR <td></td><td></td><td></td><td></td> OR <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td colspan="4">YEAR</td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | | | | | | | AGE | | YEAR | | | | AGE: BEST GUESS | |
| | | | | | | | | | | | | | | | | | | | |
| AGE | | YEAR | | | | AGE: BEST GUESS | | | | | | | | | | | | | |

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

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

DAUGHTER #2

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological daughters → GO TO QUESTION 192, PAGE 20

172. What is your next oldest (next born) daughter's date of birth?

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| MONTH | | | DAY | | | YEAR | | | |

Don't know

173. Is this daughter still alive?

Yes →

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

No →

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

AND

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

Don't know

| Was this daughter <i>ever</i> diagnosed with... | NO | YES | When was this daughter <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> |
|---|--|---------------------------|--|
| 177. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 179 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 178. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 179. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 180. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

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

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



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

DAUGHTER #3

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological daughters → GO TO QUESTION 192, NEXT PAGE

182. What is your next oldest (next born) daughter's date of birth?

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| MONTH | | | DAY | | | YEAR | | | |

Don't know

183. Is this daughter still alive?

Yes →

184. What is this daughter's age?

| | |
|--|--|
| | |
|--|--|

Don't know

AGE

No →

185. How old was she when she died?
(If less than 1, write 00)

| | |
|--|--|
| | |
|--|--|

Don't know

AGE

AND

186. What year did she die?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Don't know

YEAR

Don't know

| Was this daughter <i>ever</i> diagnosed with... | NO | YES | When was this daughter <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for her age.</i> | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------|--|--|--|-----------|-----------|-----------------|--|--|-----------|--|--|-----|--|--|------|--|--|--|--|-----------------|--|
| 187. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 189 | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> <td>OR</td> <td></td><td></td><td></td><td></td> <td>OR</td> <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="4">YEAR</td> <td></td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | OR | | | | | OR | | | AGE | | | YEAR | | | | | AGE: BEST GUESS | |
| | | OR | | | | | OR | | | | | | | | | | | | | | | | |
| AGE | | | YEAR | | | | | AGE: BEST GUESS | | | | | | | | | | | | | | | |
| 188. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> <td>OR</td> <td></td><td></td><td></td><td></td> <td>OR</td> <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="4">YEAR</td> <td></td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | OR | | | | | OR | | | AGE | | | YEAR | | | | | AGE: BEST GUESS | |
| | | OR | | | | | OR | | | | | | | | | | | | | | | | |
| AGE | | | YEAR | | | | | AGE: BEST GUESS | | | | | | | | | | | | | | | |
| 189. ovarian cancer, fallopian tube cancer, or primary peritoneal cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> <td>OR</td> <td></td><td></td><td></td><td></td> <td>OR</td> <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="4">YEAR</td> <td></td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | OR | | | | | OR | | | AGE | | | YEAR | | | | | AGE: BEST GUESS | |
| | | OR | | | | | OR | | | | | | | | | | | | | | | | |
| AGE | | | YEAR | | | | | AGE: BEST GUESS | | | | | | | | | | | | | | | |
| 190. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <table border="1"> <tr> <td></td><td></td> <td>OR</td> <td></td><td></td><td></td><td></td> <td>OR</td> <td></td><td></td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="4">YEAR</td> <td></td> <td colspan="2">AGE: BEST GUESS</td> </tr> </table> | | | OR | | | | | OR | | | AGE | | | YEAR | | | | | AGE: BEST GUESS | |
| | | OR | | | | | OR | | | | | | | | | | | | | | | | |
| AGE | | | YEAR | | | | | AGE: BEST GUESS | | | | | | | | | | | | | | | |

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

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

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

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If you have more than 3 daughters, please answer the same questions for each daughter and record your answers on a separate sheet of paper.

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BIOLOGICAL SONS

Now we would like to know about your sons. Please include only biological sons, not adopted or stepsons. Let's start with your oldest (first-born) son.

I do not have any biological sons → GO TO QUESTION 222, PAGE 23

What is his first name?

SON #1

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

192. What is your oldest (first-born) son's date of birth?

| | | | | | | | |
|-------|--|-----|--|------|--|--|--|
| | | | | | | | |
| MONTH | | DAY | | YEAR | | | |

Don't know

193. Is this son still alive?

Yes →

194. What is this son's age? Don't know
AGE

No →

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

AND

196. What year did he die? Don't know
YEAR

Don't know

| Was this son <i>ever</i> diagnosed with... | NO | YES | When was this son <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|---|
| 197. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 199 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 198. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 199. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 200. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

201. Is/was this son a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

SON #2

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological sons → GO TO QUESTION 222, PAGE 23

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

MONTH DAY YEAR

203. Is this son still alive?

Yes →

204. What is this son's age? Don't know

AGE

No →

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

AGE

AND

206. What year did he die? Don't know

YEAR

Don't know

| Was this son <i>ever</i> diagnosed with... | NO | YES | When was this son <u>first</u> diagnosed? <i>If you are not sure, please give your best guess for his age.</i> |
|---|--|---------------------------|---|
| 207. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 209 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 208. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 209. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |
| 210. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>OR</u> <input type="text"/> <input type="text"/> AGE YEAR AGE: BEST GUESS |

211. Is/was this son a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



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

SON #3

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I do not have any more biological sons → GO TO QUESTION 222, NEXT PAGE

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

MONTH DAY YEAR

213. Is this son still alive?

Yes →

214. What is this son's age? Don't know

AGE

No →

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

AGE

AND

216. What year did he die? Don't know

YEAR

Don't know

| Was this son <i>ever</i> diagnosed with... | NO | YES | When was this son <i>first</i> diagnosed? If you are not sure, please give your best guess for his age. |
|---|--|---------------------------|--|
| 217. breast cancer? | <input type="radio"/> No <input type="radio"/> Don't know GO TO 219 | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 218. breast cancer in the other breast (at the same or a different time)? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 219. prostate cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |
| 220. pancreatic cancer? | <input type="radio"/> No <input type="radio"/> Don't know | <input type="radio"/> Yes | <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> AGE: BEST GUESS |

221. Is/was this son a twin, triplet, or other multiple?

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

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

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If you have more than 3 sons, please answer the same questions for each son and record your answers on a separate sheet of paper.



OTHER RELATIVES

Finally we would like to know about your other biological relatives. Please include only those relatives related to you by blood. Do not include relatives related to you through marriage or adoption.

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

On your mother's side:

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

On your father's side:

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

Children of siblings

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

- Niece
- Nephew

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

On your mother's side:

- Mother's mother (your grandmother)
- Mother's sister (your aunt)

On your father's side:

- Father's mother (your grandmother)
- Father's sister (your aunt)

Children of siblings

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

- Niece

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

On your mother's side:

- Mother's father (your grandfather)
- Mother's brother (your uncle)

On your father's side:

- Father's father (your grandfather)
- Father's brother (your uncle)

Children of siblings

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

- Nephew

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

On your mother's side:

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

On your father's side:

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

Children of siblings

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

- Niece
- Nephew



GENETIC TESTING

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

Yes

No

Don't know

} GO TO QUESTION 233, NEXT PAGE

227. What type of test was this?

Search for any mutation (mutation search)

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

Don't know

228. Were the results...

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

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

Inconclusive result

Don't know

Prefer not to answer

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

| | |
|--|--|
| | |
|--|--|

AGE

OR

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

YEAR

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

Family member diagnosed with **breast cancer** →

231. What was his/her age when diagnosed?

| | |
|--|--|
| | |
|--|--|

AGE

Don't know

Family member diagnosed with **ovarian cancer** →

232. What was his/her age when diagnosed?

| | |
|--|--|
| | |
|--|--|

AGE

Don't know

I was diagnosed with breast cancer

I was diagnosed with ovarian cancer

Family member diagnosed with both breast and ovarian cancer

Male family member diagnosed with breast cancer

Ashkenazi Jewish heritage (usually Eastern European Jewish heritage)

Close family member was tested for BRCA1 or BRCA2

Other, specify:

| |
|--|
| |
|--|

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

Yes

No

Don't know

} GO TO QUESTION 240, NEXT PAGE

234. What type of test was this?

Search for any mutation (mutation search)

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

Don't know

235. Were the results...

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

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

Inconclusive result

Don't know

Prefer not to answer

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

| | |
|--|--|
| | |
|--|--|

AGE

OR

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

YEAR

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

Same reason(s) as BRCA1 → GO TO QUESTION 240, NEXT PAGE

Family member diagnosed with **breast cancer** →

238. What was his/her age when diagnosed?

| | |
|--|--|
| | |
|--|--|

AGE

Don't know

Family member diagnosed with **ovarian cancer** →

239. What was his/her age when diagnosed?

| | |
|--|--|
| | |
|--|--|

AGE

Don't know

I was diagnosed with breast cancer

I was diagnosed with ovarian cancer

Family member diagnosed with both breast and ovarian cancer

Male family member diagnosed with breast cancer

Ashkenazi Jewish heritage (usually Eastern European Jewish heritage)

Close family member was tested for BRCA1 or BRCA2

Other, specify:

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

Yes

No

Don't know

} **GO TO QUESTION 244, NEXT PAGE**

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

BreastNext (Ambry Genetics)

OvaNext (Ambry Genetics)

CancerNext (Ambry Genetics)

BRCAPlus (Ambry Genetics)

GYNPlus (Ambry Genetics)

MyRisk (Myriad Genetics)

OncoGeneDx Custom Panel (Gene Dx)

OncoGeneDx High/Moderate Risk Panel (Gene Dx)

Comprehensive Cancer Panel (Gene Dx)

Breast/Ovarian Cancer Panel (Gene Dx)

Breast Cancer High Risk Panel (Gene Dx)

BRCAVantage Plus (Quest Diagnostics)

PANEXIA (Myriad Genetics)

BROCA (University of Washington)

High Risk Hereditary Breast (Baylor)

Breast and Ovarian (Baylor)

High Risk Hereditary Breast (Invitae)

Women's Hereditary Cancers (Invitae)

Custom Panel (Invitae)

Don't know panel name

Other, specify:

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

Yes

No

Don't know

} **GO TO QUESTION 244, NEXT PAGE**

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

BRCA1

BRCA2

PTEN

TP53

ATM

PALB2

CDH1

STK11

Positive result but don't know gene name

Other, specify:



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

Yes

No

Don't know

} GO TO QUESTION 246

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

Yes

No

Don't know

Prefer not to answer

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

Yes

No

Don't know

} GO TO QUESTION 248

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

Yes

No

Don't know

Prefer not to answer

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

Yes, mother's side

Yes, father's side



Yes, both parents

No

Don't know

Prefer not to answer





Please check to see that all questions are answered.

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

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

The Sister Study, 4505 Emperor Blvd, Suite 400, Durham, NC 27703
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