Australian Breast Cancer Family Study

FEMALE QUESTIONNAIRE

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The University of Melbourne
Genetic Epidemiology Unit
Department of Public Health &
Community Medicine
200 Berkeley Street
Carlton, VIC, 3053

New South Wales Cancer Council
Cancer Epidemiology Research Unit
153 Dowling Street
Woolloomooloo, NSW, 2011

INSTRUCTIONS:

- Use a blue/black biro or pencil, preferably 2B
- Do not use red pen or felt tip pen
- Do not fold or bend
- Erase mistakes fully
- Do not make any stray marks

Please MARK LIKE THIS:

NOT LIKE THIS:

Please write in boxes provided, then fill in the oval corresponding to each column.

EXAMPLE 1:

Postcode: 3034

EXAMPLE 2:

A1. **How old are you?** 042 years

ID NUMBER

INTERVIEW DATE

JAN	1997
FEB	1998
MAR	1999
APR	2000
MAY	2001
JUN	2002
JUL	2003
AUG	2004
SEP	2005
OCT	2006
NOV	2007
DEC	2008

INTERVIEWER

MOTHER'S ID NUMBER

FATHER'S ID NUMBER

SPOUSE'S ID NUMBER

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A. Background Information

The first section asks some questions about your background.

A1. How old are you?

years

○ Don't know

A2. What is your date of birth?

		○ JAN		
		○ FEB		
0	0	○ MAR	○ 18	0 0
1	1	○ APR	○ 19	1 1
2	2	○ MAY	○ 20	2 2
3	3	○ JUN		3 3
	4	○ JUL		4 4
	5	○ AUG		5 5
	6	○ SEP		6 6
	7	○ OCT		7 7
	8	○ NOV		8 8
	9	○ DEC		9 9

○ Don't know day
○ Don't know month
○ Don't know year

A3. What was the highest level of education that you completed?

○ Primary school (some or all)
○ Secondary school - year 7 or year 8
○ Secondary school - year 9 or year 10
○ Secondary school - year 11 or year 12
○ Vocational training (e.g. technical college, business college, nursing)
○ University - did not graduate
○ University - graduated
○ Don't know

A4. Are you currently . . .?

○ Married
○ Widowed
○ Never married
○ Living as married
○ Separated
○ Divorced
○ Don't know

A5. In which suburb or town do you usually live?

Postcode:

○ Don't know

A6. In which country were you, your parents and your grandparents born?

	You	Your mother	Your mother's mother	Your mother's father	Your father	Your father's mother	Your father's father
Australia	○	○	○	○	○	○	○
New Zealand	○	○	○	○	○	○	○
England	○	○	○	○	○	○	○
Scotland	○	○	○	○	○	○	○
Ireland	○	○	○	○	○	○	○
Germany	○	○	○	○	○	○	○
Netherlands	○	○	○	○	○	○	○
Italy	○	○	○	○	○	○	○
Poland	○	○	○	○	○	○	○
Croatia	○	○	○	○	○	○	○
Greece	○	○	○	○	○	○	○
Malta	○	○	○	○	○	○	○
South Africa	○	○	○	○	○	○	○
India	○	○	○	○	○	○	○
Sri Lanka	○	○	○	○	○	○	○
Vietnam	○	○	○	○	○	○	○
Philippines	○	○	○	○	○	○	○
China	○	○	○	○	○	○	○
Don't know	○	○	○	○	○	○	○
Other, specify below	○	○	○	○	○	○	○

If you were born in Australia go to question A8.

A7. For how many years have you lived in Australia?

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

○ Don't know

A8. In which religion were you, your parents and your grandparents born?

	You	Your mother	Your mother's mother	Your mother's father	Your father	Your father's mother	Your father's father
Protestant/Anglican	○	○	○	○	○	○	○
Eastern Orthodox	○	○	○	○	○	○	○
Catholic	○	○	○	○	○	○	○
Muslim	○	○	○	○	○	○	○
Buddhist	○	○	○	○	○	○	○
Hindu	○	○	○	○	○	○	○
Latter Day Saints/Mormon	○	○	○	○	○	○	○
Seventh day Adventist	○	○	○	○	○	○	○
Sephardic Jewish	○	○	○	○	○	○	○
Ashkenazi Jewish	○	○	○	○	○	○	○
Other or uncertain Jewish	○	○	○	○	○	○	○
None	○	○	○	○	○	○	○
Don't know	○	○	○	○	○	○	○
Other, specify below	○	○	○	○	○	○	○

A9. Which religion do you currently practice?

- ○ Protestant/Anglican
- ○ Eastern Orthodox
- ○ Catholic
- ○ Muslim
- ○ Buddhist
- ○ Hindu
- ○ Latter Day Saints/Mormon
- ○ Seventh Day Adventist
- ○ Sephardic Jewish
- ○ Ashkenazi Jewish
- ○ Other or uncertain Jewish
- ○ None
- ○ Don't know
- ○ Other, specify _____

A10. What is your ethnic background? *(Fill in as many as apply)*

- ○ White/Caucasian
- ○ Aboriginal/Torres Strait Islander
- ○ Sri Lankan
- ○ Pacific Islander
- ○ Chinese
- ○ Japanese
- ○ Malaysian
- ○ Vietnamese
- ○ Filipino
- ○ Indian
- ○ Pakistani
- ○ Korean
- ○ Maori
- ○ Thai
- ○ Indonesian
- ○ Cambodian
- ○ Don't know
- ○ Other, specify _____

B. Medical History

The next section asks questions about any illnesses you may have had.

B1. Has a doctor ever told you that you had cancer, leukaemia or a malignant tumour?

- ○ Yes
- ○ No *(Go to question B5.)*
- ○ Don't know *(Go to question B5.)*

B2. What was the type of cancer and your age when this was FIRST diagnosed?

First cancer

Age [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

Second cancer

Age [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

Third cancer

Age [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

If breast cancer was not reported, go to question B5.

B3. Which breast was affected?

- ○ Right
- ○ Left
- ○ Both
- ○ Don't know

B4. Have you had a diagnosis of cancer in your other breast?

- ○ Yes *(see below)*
- ○ No
- ○ Don't know

Age when *first* diagnosed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

B5. Has a doctor ever told you that you had BENIGN BREAST DISEASE, such as a NON-CANCEROUS CYST or a BREAST LUMP?

- ○ Yes *(see below)*
- ○ No
- ○ Don't know

Age when *first* diagnosed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

B6. Has a doctor ever told you that you had CYSTS IN ONE OR BOTH OVARIES?

- ○ Yes *(see below)*
- ○ No
- ○ Don't know

Age when *first* diagnosed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

B7. Has a doctor ever told you that you had DIABETES?

- ○ Yes *(see below)*
- ○ No
- ○ Don't know

Age when *first* diagnosed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

C. Surgery and Mammograms

The next section asks questions about surgery and mammograms.

C1. Have you ever had a breast completely removed?

- ○ Yes, the right breast
  Age when removed [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
  ○ Don't know
- ○ Yes, the left breast
  Age when removed [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
  ○ Don't know
- ○ No
- ○ Don't know

C2. Have you ever had a BREAST BIOPSY or LUMPECTOMY that was diagnosed as cancer? By BREAST BIOPSY we mean breast tissue removed by surgery but excluding fine needle biopsy.

- ○ Yes *(see below)*
- ○ No
- ○ Don't know

Age when *first* removed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

C3. Have you ever had a BREAST BIOPSY for BENIGN BREAST DISEASE, such as a NON-CANCEROUS CYST or a BREAST LUMP? By BREAST BIOPSY we mean breast tissue removed by surgery but excluding fine needle biopsy.

- ○ Yes *(see below)*
- ○ No
- ○ Don't know

Age when *first* removed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

C4. Have you ever had one or both ovaries removed? If your ovaries were removed at different times, please give your age at the most recent operation.

- ○ Yes, one ovary
  Age when removed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
  ○ Don't know
- ○ Yes, both ovaries
  Age when removed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
  ○ Don't know
- ○ No
- ○ Don't know

C5. What is your usual bra size?

[ ][ ] ⑥⑧⑩⑫⑭⑯⑱⑳㉒㉔ Ⓐ Ⓑ Ⓒ Ⓓ ⓂⒺⒻⒼ
○ Don't know

C6. Have you ever had a mammogram (X-ray examination of the breasts)?

- ○ Yes
- ○ No *(Go to question D1.)*
- ○ Don't know *(Go to question D1.)*

C7. When and where did you have your last mammogram?

		○ JAN			
		○ FEB			
⓪	⓪	○ MAR	○ 18	⓪	⓪
①	①	○ APR	○ 19	①	①
②	②	○ MAY	○ 20	②	②
③	③	○ JUN		③	③
	④	○ JUL		④	④
	⑤	○ AUG		⑤	⑤
	⑥	○ SEP		⑥	⑥
	⑦	○ OCT		⑦	⑦
	⑧	○ NOV		⑧	⑧
	⑨	○ DEC		⑨	⑨

- ○ Don't know day
- ○ Don't know month
- ○ Don't know year

Clinic: _____

_____

Address: _____

_____

_____

C8. How many mammograms have you had?

Mammograms: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

D. Height and Weight

The next section asks about your height and weight.

D1. How tall are you without shoes on?

feet ___ inches ___ **OR** cms ___

○ Don't know

D2. What is your current weight?

stones ___ pounds ___ **OR** kilos ___

○ Don't know

D3. What was your weight one year ago?

stones ___ pounds ___ **OR** kilos ___

○ Don't know

D4. What was your weight when you were between 18 and 21 years old?

stones ___ pounds ___ **OR** kilos ___

○ Don't know

E. Smoking

The next section asks questions about cigarettes that you may have smoked.

E1. Has there ever been a time when you smoked at least one cigarette per day for three months or longer?

○ Yes
○ No *(Go to question F1.)*
○ Don't know *(Go to question F1.)*

E2. At what age did you FIRST start smoking cigarettes REGULARLY (that is, at least one cigarette per day for three months or longer)?

Years: ___

○ Don't know

E3. For how many years in total had you smoked cigarettes REGULARLY?

Total years: ___

○ Don't know

E4. Over the time when you smoked REGULARLY, how many cigarettes did you smoke in a day?

Cigarettes per day: ___

○ Don't know

E5. Are you currently smoking REGULARLY?

○ Yes
○ No *(see below)*
○ Don't know

Age stopped smoking regularly: ___

○ Don't know

E6. Over the last year, on average how many cigarettes have you usually smoked in a day?

Cigarettes per day: ___

○ Don't know

F. Alcohol

The next section asks about alcoholic beverages that you may have consumed.

F1. Have you ever consumed any alcoholic beverages, such as beer, wine or spirits, at least once a week for six months or longer?

- ○ Yes
- ○ No *(Go to question F6.)*
- ○ Don't know *(Go to question F6.)*

F2. At what age did you FIRST start drinking alcoholic beverages AT LEAST ONCE A WEEK?

Years: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

F3. For how many years in total did you consume alcoholic beverages AT LEAST ONCE A WEEK?

Total years: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

F4. Are you consuming alcohol AT LEAST ONCE A WEEK?

- ○ Yes
- ○ No *(see below)*
- ○ Don't know

Age stopped drinking: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Don't know

F5. During the period when you drank AT LEAST ONCE PER WEEK, how often did you drink (type)?

STANDARD DRINKS	Never	Less than once a month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	≥6 per day	Don't know
Light beer	○	○	○	○	○	○	○	○	○	○	○
Beer	○	○	○	○	○	○	○	○	○	○	○
Wine	○	○	○	○	○	○	○	○	○	○	○
Spirits	○	○	○	○	○	○	○	○	○	○	○

F6. Over the previous 12 months, how often did you drink (type)?

STANDARD DRINKS	Never	Less than once a month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	≥6 per day	Don't know
Light beer	○	○	○	○	○	○	○	○	○	○	○
Beer	○	○	○	○	○	○	○	○	○	○	○
Wine	○	○	○	○	○	○	○	○	○	○	○
Spirits	○	○	○	○	○	○	○	○	○	○	○

F7. Between the ages of 18 and 21, how many alcoholic drinks did you usually have per day or per week?

[ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨

○ Per day
○ Per week

○ Don't know

G. Reproductive History

This section deals with menstruation, pregnancies and the use of contraceptives.

G1. Have you ever had a menstrual period?

- ○ Yes *(See below)*
- ○ No
- ○ Don't know

Age at *first* menstrual period: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

G2. Has a doctor ever told you that you had primary amenorrhea (failure of menstrual period to start naturally)?

- ○ Yes *(See below)*
- ○ No
- ○ Don't know

Age when *first* diagnosed: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

G3. Have you ever used birth control pills or other hormonal contraceptives (implants or injections)?

- ○ Yes *(See below)*
- ○ No *(Go to question G6.)*
- ○ Don't know *(Go to question G6.)*

Age when *first* used birth control pills: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

G4. Are you currently taking birth control pills or hormones?

- ○ Yes *(See below)*
- ○ No *(See below)*
- ○ Don't know

Age when *last* took birth control pills: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

G5. In total, for how many weeks, months or years had you taken birth control pills or hormones?

[ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Weeks
○ Months
○ Years
○ Don't know

G6. Have you ever been pregnant?

- ○ Yes
- ○ No *(Go to question J1.)*
- ○ Don't know *(Go to question J1.)*

G7. Have you ever had a full term pregnancy?

- ○ Yes
- ○ No *(Go to question H1.)*
- ○ Don't know *(Go to question H1.)*

If never taken birth control pills go to question H1.

G8. In total, for how many weeks, months or years did you take birth control pills before your first full-term pregnancy?

[ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Weeks
○ Months
○ Years
○ Don't know

G9. Was this during one continuous time span?

- ○ Yes
- ○ No
- ○ Don't know

H. Pregnancy History

This section asks about all the pregnancies you have had, including all livebirths, stillbirths, miscarriages and other outcomes.

H1. On what date did your (first/next) pregnancy end?	H2. What was the outcome of this pregnancy?	H3. Taking 40 weeks as the usual length, how long was this pregnancy?	H4. IF LIVEBIRTH OR STILLBIRTH. What was the sex of the child(ren)?	H5. IF LIVEBIRTH. Did you breastfeed the child(ren)?	H6. IF BREASTFED. For how many weeks or months did you breastfeed the child(ren)?
○ JAN ○ FEB 0 0 ○ MAR 1 1 ○ APR 2 2 ○ MAY 3 3 ○ JUN 4 ○ JUL 5 ○ AUG 6 ○ SEP 7 ○ OCT 8 ○ NOV 9 ○ DEC ○ 18 0 0 ○ 19 1 1 ○ 20 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know day ○ Don't know month ○ Don't know year	○ Currently pregnant ○ Single live birth ○ Ectopic pregnancy ○ Induced termination ○ Multiple birth ○ Stillbirth ○ Miscarriage ○ Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 ○ Don't know	○ Yes ○ No ○ Don't know	0 0 ○ Week(s) 1 1 ○ Month(s) 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know
○ JAN ○ FEB 0 0 ○ MAR 1 1 ○ APR 2 2 ○ MAY 3 3 ○ JUN 4 ○ JUL 5 ○ AUG 6 ○ SEP 7 ○ OCT 8 ○ NOV 9 ○ DEC ○ 18 0 0 ○ 19 1 1 ○ 20 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know day ○ Don't know month ○ Don't know year	○ Currently pregnant ○ Single live birth ○ Ectopic pregnancy ○ Induced termination ○ Multiple birth ○ Stillbirth ○ Miscarriage ○ Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 ○ Don't know	○ Yes ○ No ○ Don't know	0 0 ○ Week(s) 1 1 ○ Month(s) 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know
○ JAN ○ FEB 0 0 ○ MAR 1 1 ○ APR 2 2 ○ MAY 3 3 ○ JUN 4 ○ JUL 5 ○ AUG 6 ○ SEP 7 ○ OCT 8 ○ NOV 9 ○ DEC ○ 18 0 0 ○ 19 1 1 ○ 20 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know day ○ Don't know month ○ Don't know year	○ Currently pregnant ○ Single live birth ○ Ectopic pregnancy ○ Induced termination ○ Multiple birth ○ Stillbirth ○ Miscarriage ○ Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 ○ Don't know	○ Yes ○ No ○ Don't know	0 0 ○ Week(s) 1 1 ○ Month(s) 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 ○ Don't know

H1. On what date did your (first/next) pregnancy end?	H2. What was the outcome of this pregnancy?	H3. Taking 40 weeks as the usual length, how long was this pregnancy?	H4. IF LIVEBIRTH OR STILLBIRTH. What was the sex of the child(ren)?	H5. IF LIVEBIRTH. Did you breastfeed the child(ren)?	H6. IF BREASTFED. For how many weeks or months did you breastfeed the child(ren)?
JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC 18, 19, 20 Don't know day Don't know month Don't know year	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 Don't know	Yes No Don't know	Week(s) Month(s) Don't know
JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC 18, 19, 20 Don't know day Don't know month Don't know year	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 Don't know	Yes No Don't know	Week(s) Month(s) Don't know
JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC 18, 19, 20 Don't know day Don't know month Don't know year	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 Don't know	Yes No Don't know	Week(s) Month(s) Don't know
JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC 18, 19, 20 Don't know day Don't know month Don't know year	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 Don't know	Yes No Don't know	Week(s) Month(s) Don't know

H1. On what date did your (first/next) pregnancy end?	H2. What was the outcome of this pregnancy?	H3. Taking 40 weeks as the usual length, how long was this pregnancy?	H4. IF LIVEBIRTH OR STILLBIRTH. What was the sex of the child(ren)?	H5. IF LIVEBIRTH. Did you breastfeed the child(ren)?	H6. IF BREASTFED. For how many weeks or months did you breastfeed the child(ren)?
○ JAN ○ FEB 00 ○ MAR 11 ○ APR 22 ○ MAY 33 ○ JUN 4 ○ JUL 5 ○ AUG 6 ○ SEP 7 ○ OCT 8 ○ NOV 9 ○ DEC ○ 18 00 ○ 19 11 ○ 20 22 33 44 55 66 77 88 99 ○ Don't know day ○ Don't know month ○ Don't know year	○ Currently pregnant ○ Single live birth ○ Ectopic pregnancy ○ Induced termination ○ Multiple birth ○ Stillbirth ○ Miscarriage ○ Don't know	Weeks 00 11 22 33 44 55 66 77 88 99 ○ Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 ○ Don't know	○ Yes ○ No ○ Don't know	00 11 22 33 44 55 66 77 88 99 ○ Week(s) ○ Month(s) ○ Don't know
○ JAN ○ FEB 00 ○ MAR 11 ○ APR 22 ○ MAY 33 ○ JUN 4 ○ JUL 5 ○ AUG 6 ○ SEP 7 ○ OCT 8 ○ NOV 9 ○ DEC ○ 18 00 ○ 19 11 ○ 20 22 33 44 55 66 77 88 99 ○ Don't know day ○ Don't know month ○ Don't know year	○ Currently pregnant ○ Single live birth ○ Ectopic pregnancy ○ Induced termination ○ Multiple birth ○ Stillbirth ○ Miscarriage ○ Don't know	Weeks 00 11 22 33 44 55 66 77 88 99 ○ Don't know	Number of male(s) 0 1 2 3 4 5 Number of female(s) 0 1 2 3 4 5 ○ Don't know	○ Yes ○ No ○ Don't know	00 11 22 33 44 55 66 77 88 99 ○ Week(s) ○ Month(s) ○ Don't know

H7. How many PREGNANCIES have you had?

Pregnancies: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

○ Don't know

H8. How many LIVE BIRTHS have you had?

Live births: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

○ Don't know

H9. How old were you when your FIRST (live) child was born?

Years of age: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

○ Don't know

H10. How old were you when your LAST (live) child was born?

Years of age: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

○ Don't know

H11. Did you ever breastfeed a child for one month or more?

○ Yes
○ No
○ Don't know

J. Menopause and Hormone Replacement Therapy

The next section asks questions about menopause and hormone replacement therapy.

J1. How long ago was your last period?

- ○ Weeks
- ○ Months
- ○ Years

- ○ Never had a period *(Go to question J5.)*
- ○ Don't know

J2. Have your menstrual periods stopped for ONE YEAR OR MORE? Please do not include times when your period stopped when you were pregnant, breast feeding or due to serious illness (eg. anorexia) or strenuous exercise.

- ○ Yes *(See below)*
- ○ No *(Go to question J5.)*
- ○ Don't know

Age when period stopped:

- ○ Don't know

J3. Why did your menstrual periods stop?

- ○ Natural menopause (that is, periods stopped by themselves) *(Go to question J5.)*
- ○ Surgery or other medical treatment
- ○ Don't know *(Go to question J5.)*

J4. What surgery or other medical treatment did you receive that made your periods stop? *(Fill in as many as apply)*

- ○ Hysterectomy (uterus or womb removed)
- ○ Both ovaries removed
- ○ Radiation or chemotherapy
- ○ Don't know
- ○ Other *(specify)* _____

J5. Have you ever taken oestrogens, progesterone or other female hormones for menopause? The preparation may be pills, injections, skin patches, vaginal creams or vaginal suppositories. This question does not include oral contraceptive (birth control) pills.

- ○ Yes *(See below)*
- ○ No *(Go to question J9.)*
- ○ Don't know *(Go to question J9.)*

Age when *first* took hormones:

- ○ Don't know

J6. Were you still having periods when you first took oestrogens, progesterone or other female hormones?

- ○ Yes
- ○ No
- ○ Don't know

J7. Are you currently taking oestrogens, progesterone or other female hormones?

- ○ Yes
- ○ No *(See below)*
- ○ Don't know

Age when *last* took hormones:

- ○ Don't know

J8 In total for how many weeks, months or years did you take oestrogens, progesterone or other female hormones?

- ○ Weeks
- ○ Months
- ○ Years

- ○ Don't know

J9. Have you ever taken a drug for infertility (that is, to try to become pregnant) or because your periods stopped?

- ○ Yes *(See below.)*
- ○ No *(Go to question J13.)*
- ○ Don't know *(Go to question J13.)*

Age when *first* started this drug:

- ○ Don't know

J10. Was the drug prescribed for infertility as part of GIFT (gamete intra-fallopian transfer) or IVF (in vitro fertilisation) treatment?

- ○ Yes
- ○ No
- ○ Don't know

J11. In total for how many weeks, months or years did you take this type of drug?

- ○ Weeks
- ○ Months
- ○ Years

- ○ Don't know

J12. What is (are) the name(s) of the drug(s)?

- ○ Clomid
- ○ Pergonal
- ○ Serophene
- ○ hCG
- ○ Don't know
- ○ Other *(specify)* _____

J13. Have you ever taken Tamoxifen?

- ○ Yes *(See below.)*
- ○ No *(Go to question J16.)*
- ○ Don't know *(Go to question J16.)*

Age when *first* took Tamoxifen: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

J14. Are you currently taking Tamoxifen? (Women in a randomised trial will not know whether they are using the drug.)

- ○ Yes
- ○ No *(See below.)*
- ○ Don't know *(Go to question J16.)*

Age when *last* took Tamoxifen: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

J15. In total for how many weeks, months or years have you taken Tamoxifen?

[ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

- ○ Weeks
- ○ Months
- ○ Years

J16. Have you ever been a participant in a cancer prevention trial?

- ○ Yes
- ○ No *(Go to question K1.)*
- ○ Don't know *(Go to question K1.)*

J17. Was the cancer prevention trial . . .?

- ○ A Tamoxifen trial
- ○ A dietary trial
- ○ Other *(specify)* _____
- ○ Don't know

K. Radiation Exposure

This section asks about x-rays and radiation treatment.

K1. Have you ever had any of the following types of X-ray examinations that included the chest area?

○ **X-rays for heart catheterization**
Number of x-ray examinations: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know
Age at *first* x-ray examination: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

○ **X-rays for scoliosis**
Number of x-ray examinations: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know
Age at *first* x-ray examination: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

○ **Other intensive X-rays of the chest area** *(specify)*: _____
Number of x-ray examinations: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know
Age at *first* x-ray examination: [ ][ ] ⓪①②③④⑤⑥⑦⑧⑨ ⓪①②③④⑤⑥⑦⑧⑨
○ Don't know

○ **None**
○ **Don't know**

K2. **Have you ever had any of the following types of X-ray examinations that included the lower abdomen or pelvis?**

	Number of x-ray examinations:	Age at *first* x-ray examination:
○ **Barium examination of lower bowel**	○ Don't know	○ Don't know
○ **CT scan or X-rays of the lower spine or pelvis**	○ Don't know	○ Don't know
○ **Other intensive X-rays of the lower abdomen or pelvis** *(specify)*:	○ Don't know	○ Don't know

○ **None**
○ **Don't know**

K3. **Have you ever been TREATED with radiation that included the chest area for any of the following conditions?**

	Number of treatments:	Age at *first* treatment:
○ **Tuberculosis**	○ Don't know	○ Don't know
○ **Cancer**	○ Don't know	○ Don't know
○ **Acne**	○ Don't know	○ Don't know
○ **Mastitis**	○ Don't know	○ Don't know
○ **Enlarged thymus gland**	○ Don't know	○ Don't know
○ **Hemangioma**	○ Don't know	○ Don't know
○ **Other intensive X-rays of the chest areas** *(specify)*:	○ Don't know	○ Don't know

○ **None**
○ **Don't know**

K4. **Have you ever been TREATED with radiation that included the lower abdomen or pelvis for any of the following conditions?**

	Number of treatments:	Age at *first* treatment:
○ **Cancer**	○ Don't know	○ Don't know
○ **Bleeding from the uterus or womb**	○ Don't know	○ Don't know
○ **Growth on the uterus or womb**	○ Don't know	○ Don't know
○ **Other** *(specify):*	○ Don't know	○ Don't know

_____

○ **None**
○ **Don't know**

K5. **Have you participated in other research studies of familial cancer, or attended a cancer family clinic?**

○ No
○ Yes *(specify)* _____

L. Twin and Other Questions

L1. **Are you a twin?**

○ Yes
○ No *(Go to question L4.)*
○ Don't know

L2. **Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have such a strong resemblance to each other in stature, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood. Do you think that you and your twin are genetically identical?**

○ Yes
○ No
○ Don't know

L3. **May we pass your name to the Australian NHMRC Twin Registry?**

○ Yes
○ No

The following are questions about your physical activity at various times in your life. To answer these questions, please estimate the average amount of TIME EACH WEEK and the average number of MONTHS EACH YEAR that you spent in these activities.

L4. How often did you participate in STRENUOUS exercise activities or sports (for example, hockey, swimming laps, squash, gymnastics, jogging, basketball, netball, aerobics or cycling on hills)?

AGES	Average **hours**/week									Average **months**/year				Don't know
	0	0.5	1	1.5	2	3	4-6	7-10	≥11	1-3	4-6	7-9	10-12	
between 12 & 17	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 18 & 24	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 25 & 34	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 35 & 44	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 45 & 54	○	○	○	○	○	○	○	○	○	○	○	○	○	○
55 & over	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Past 3 years*	○	○	○	○	○	○	○	○	○	○	○	○	○	○

** If you have been diagnosed with cancer in the past three years, please answer the question for the three years prior to the cancer diagnosis.*

L5. How often did you participate in MODERATE exercise activities or sports (for example, brisk walking, golf, cycling on level streets or recreational tennis)?

AGES	Average **hours**/week									Average **months**/year				Don't know
	0	0.5	1	1.5	2	3	4-6	7-10	≥11	1-3	4-6	7-9	10-12	
between 12 & 17	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 18 & 24	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 25 & 34	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 35 & 44	○	○	○	○	○	○	○	○	○	○	○	○	○	○
between 45 & 54	○	○	○	○	○	○	○	○	○	○	○	○	○	○
55 & over	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Past 3 years*	○	○	○	○	○	○	○	○	○	○	○	○	○	○

** If you have been diagnosed with cancer in the past three years, please answer the question for the three years prior to the cancer diagnosis.*

L6. Do you have any comments, or information that you think we should have asked about?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your co-operation.
We may wish to get in touch with you again sometime in the future.

M. Office Use Only

How was this interview conducted?

- ○ Face-to-face
- ○ Mailed self-completed questionnaire
- ○ Telephone
- ○ Other *(specify)* _____

_____

Was the interview conducted with an interpreter?

- ○ Yes
- ○ No

Interview Length (min)