

Australian Breast Cancer Family Study

MALE QUESTIONNAIRE

This study is part of the Co-operative Family Registry for Breast Cancer Research, and is funded by the National Institutes of Health (USA), the Australian National Health and Medical Research Council, the Victorian Health Promotion Foundation and the New South Wales Cancer Council.

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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:



EXAMPLE 2:

A1. How old are you?

042 years

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

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

EXAMPLE 1:

Postcode:

3034

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

ID NUMBER

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
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
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

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

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

MOTHER'S ID NUMBER

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
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
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

FATHER'S ID NUMBER

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
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
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

SPOUSE'S ID NUMBER

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
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
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

A. Background Information

The first section asks some questions about your background.

A1. How old are you?

years

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

Don't know

A2. What is your date of birth?

	<input type="checkbox"/> JAN			
	<input type="checkbox"/> FEB			
0	<input type="checkbox"/> MAR	18	0	0
1	<input type="checkbox"/> APR	19	1	1
2	<input type="checkbox"/> MAY	20	2	2
3	<input type="checkbox"/> JUN		3	3
4	<input type="checkbox"/> JUL		4	4
5	<input type="checkbox"/> AUG		5	5
6	<input type="checkbox"/> SEP		6	6
7	<input type="checkbox"/> OCT		7	7
8	<input type="checkbox"/> NOV		8	8
9	<input type="checkbox"/> 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:

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	0	1
2	3	4	5	6	7	8	9

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
England	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scotland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
India	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philippines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--	--	--	--	--	--	--	--

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
--	--	--	---	---	---	---	---	---	---	---	---	---

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Orthodox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latter Day Saints/Mormon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seventh day Adventist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sephardic Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashkenazi Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other or uncertain Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A9. Which religion do you currently practice?

- | | |
|---|--|
| <input type="checkbox"/> Protestant/Anglican | <input type="checkbox"/> Seventh Day Adventist |
| <input type="checkbox"/> Eastern Orthodox | <input type="checkbox"/> Sephardic Jewish |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Ashkenazi Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Other or uncertain Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> None |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Latter Day Saints/Mormon | <input type="checkbox"/> Other, specify _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Aboriginal/Torres Strait Islander | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Maori |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Indonesian |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> 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
 Don't know

Second cancer

Age
 Don't know

Third cancer

Age
 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:
 Don't know

B5. Has a doctor ever told you that you had PROSTATIC HYPERPLASIA (that is, BPH or ENLARGED PROSTATE)?

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

Age when first diagnosed:
 Don't know

B6. Has a doctor ever told you that you had GYNAECOMASTIA (that is, ENLARGED BREASTS)?

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

Age when first diagnosed:
 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:
 Don't know

C. Surgery

The next section asks a question about surgery.

C1. Have you ever had a breast completely removed?

Yes, the right breast

Age when removed

Don't know

Yes, the left breast

Age when removed

Don't know

No

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

D3. What was your weight one year ago?

stones pounds

OR kilos

Don't know

D2. What is your current weight?

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.)

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

Cigarettes per day:

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

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:

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

 Don't know

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

Total years:

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

 Don't know

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

Cigarettes per day:

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

E5. Are you currently smoking REGULARLY?

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

Age stopped smoking regularly:

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

 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.)

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

Total years:

Don't know

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

Years:

Don't know

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

- Yes
 No (see below)
 Don't know

Age stopped drinking:

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Per day
 Per week
 Don't know

J. Cancer Prevention Trials

The next section asks questions about cancer prevention trials.

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:

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

Don't know

Age at first x-ray examination:

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

Don't know

X-rays for scoliosis

Number of x-ray examinations:

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

Don't know

Age at first x-ray examination:

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

Don't know

Other intensive X-rays of the chest area (specify):

Number of x-ray examinations:

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

Don't know

Age at first x-ray examination:

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

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?

Barium examination of lower bowel

Number of x-ray examinations:

Don't know

Age at first x-ray examination:

Don't know

CT scan or X-rays of the lower spine or pelvis

Number of x-ray examinations:

Don't know

Age at first x-ray examination:

Don't know

Other intensive X-rays of the lower abdomen or pelvis (specify):

Number of x-ray examinations:

Don't know

Age at first x-ray examination:

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?

Tuberculosis

Number of treatments:

Don't know

Age at first treatment:

Don't know

Cancer

Number of treatments:

Don't know

Age at first treatment:

Don't know

Acne

Number of treatments:

Don't know

Age at first treatment:

Don't know

Enlarged thymus gland

Number of treatments:

Don't know

Age at first treatment:

Don't know

Hemangioma

Number of treatments:

Don't know

Age at first treatment:

Don't know

Other intensive X-rays of the chest areas (specify):

Number of treatments:

Don't know

Age at first treatment:

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?

Cancer

Number of treatments:

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

Don't know

Age at first treatment:

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

Don't know

Other
(specify):

Number of treatments:

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

Don't know

Age at first treatment:

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 18 & 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 25 & 34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 35 & 44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 45 & 54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past 3 years*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 18 & 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 25 & 34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 35 & 44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 45 & 54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past 3 years*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 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)

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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