



# A. Background Information

The first section asks some questions about his background.

## A1. Is he alive or deceased?

- Alive
- Deceased
- Don't Know

How old is he? (Age at death if deceased)

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

- Don't know

## A2. What is his date of birth?

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

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

If deceased, what was his date of death?

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

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

## A3. What was the highest level of education that he 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. Is he currently . . . ?

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

## A5. In which suburb or town does he usually live?

\_\_\_\_\_

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Postcode:

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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
0	1	2	3	4	5	6	7	8	9

- Don't know



**A6. In which country was he, his parents and his grandparents born?**

	He	His mother	His mother's mother	His mother's father	His father	His father's mother	His 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"/>

  

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If he was born in Australia go to question A8.

**A7. For how many years has he 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 was he, his parents and his grandparents born?**

	He	His mother	His mother's mother	His mother's father	His father	His father's mother	His 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"/>

  

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**A9. Which religion does he 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 his 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 he may have had.

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

- Yes
- No (Go to question C1.)
- Don't know (Go to question C1.)

If breast cancer was not reported, go to question C1.

**B3. Which breast was affected?**

- Right
- Left
- Both
- Don't know

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

First cancer \_\_\_\_\_

Age   0 1 2 3 4 5 6 7 8 9

Don't know

**B4. Has he had a diagnosis of cancer in his other breast?**

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

Second cancer \_\_\_\_\_

Age   0 1 2 3 4 5 6 7 8 9

Don't know

Age when first diagnosed:   0 1 2 3 4 5 6 7 8 9

Don't know

Third cancer \_\_\_\_\_

Age   0 1 2 3 4 5 6 7 8 9

Don't know









