

Ontario Familial Colon Cancer Registry

Personal History (*Proxy*) Questionnaire

This questionnaire asks a variety of questions relating to your relative's health, lifestyle, and exposures. Please complete each question as best you can. We understand there may be questions you will be unable to answer. If you do not know the answer to a question, please write "don't know" beside it and then continue to answer the remaining questions.

Throughout this questionnaire, the person about whom you are answering questions will be referred to as "your relative."

Should you wish to talk to someone about this questionnaire, please call (416) 946-4409 or 1-800-832-5949.

Please write in your answers where space is provided, or place tick marks in circles ☑

What date are you filling out this questionnaire? ___ / ___ / ___
day month year

Identifying Information

1. What is your relationship to the individual for whom you are filling out this questionnaire?
 - spouse
 - relative
 - other _____ *please specify*
2. What is **your** age? _____ years
 - don't know
3. Are **you** male or female?
 - male
 - female

The remainder of this questionnaire refers to **your relative**.

4. What was your relative's date of birth?
 - day _____
 - month _____
 - year _____
 - don't know day
 - don't know month
 - don't know year
5. What was your relative's marital status?
 - currently married or living as married
 - separated
 - divorced
 - widowed
 - single or never married
 - don't know

Bowel Screening and Health

6. Has your relative ever had a **test for blood in his/her stool, called a smear test or a hemocult**? This test is frequently done as part of a routine physical examination, or it can be done at home.

- yes
- no → Please go to #7
- don't know → Please go to #7

6a. When did your relative **first** have this test?

age when **first** tested ____

or

year of **first** test _____

- don't know

6b. What were the reasons for this **first** test?

Please tick all that apply.

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: _____
please specify
- don't know

6c. How many times did your relative have a hemocult test?

____ number of hemocult tests

- don't know

6d. If your relative had a hemocult test more than once, when did he/she **last** have this test?

age when **last** tested ____

or

year of **last** test _____

- don't know

7. Has your relative ever had a **sigmoidoscopy**? Sigmoidoscopy involves looking inside the lower bowel and rectum with a lighted instrument. This examination is usually done in a doctor's office without anesthesia.

- yes
- no → Please go to #8
- don't know → Please go to #8

7a. When did your relative **first** have this test?

age when **first** tested ____

or

year of **first** test _____

- don't know

7b. What were the reasons for this **first** sigmoidoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: _____
please specify
- don't know

7c. How many times did your relative have a sigmoidoscopy?

____ number of sigmoidoscopies

- don't know

7d. If your relative had a sigmoidoscopy more than once, when did he/she **last** have this test?

age when **last** tested ____

or

year of **last** test _____

- don't know

8. Has your relative ever had a **colonoscopy**? Colonoscopy is an examination of the entire large bowel using a long flexible instrument. This examination is usually done under sedation.

- yes
- no → Please go to #9
- don't know → Please go to #9

8a. When did your relative **first** have this test?

age when **first** tested _____

or

year of **first** test _____

- don't know

8b. What were the reasons for his/her **first** colonoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: _____
please specify
- don't know

8c. How many times did your relative have a colonoscopy?

_____ number of colonoscopies

- don't know

8d. If your relative had a colonoscopy more than once, when did he/she **last** have this test?

age when **last** tested _____

or

year of **last** test _____

- don't know

9. Has a doctor ever told your relative that he/she had **polyps** in their large bowel or colon or rectum? Polyps are growths in the lining of the colon which vary in size from a tiny dot to several inches.

- yes
- no → Please go to #10
- don't know → Please go to #10

9a. When did a doctor **first** tell your relative that he/she had polyps?

age at **first** diagnosis _____

or

year of **first** diagnosis _____

- don't know

9b. Was your relative told more than once that he/she had polyps?

- yes
- no
- don't know

9c. When did a doctor **last** tell your relative that he/she had polyps?

age at **last** diagnosis _____

or

year of **last** diagnosis _____

- don't know

9d. Do you know what kind of polyps they were? *Please include all the separate times your relative was told he/she had polyps. Please tick all that apply.*

- benign
- adenomatous (pre-cancerous)
- hyperplastic
- other: _____
please specify
- don't know

9e. Did your relative have the polyps removed (by a procedure called a polypectomy)? (This can be done during a sigmoidoscopy or colonoscopy.)

- yes
- no → Please go to #10
- don't know → Please go to #10

9f. When did your relative **first** have polyps removed?

- age at **first** polypectomy ____
- or
- year of **first** polypectomy ____
- don't know

9g. Did your relative have polyps removed more than once?

- yes
- no
- don't know

9h. If yes, when did he/she **last** have polyps removed?

- age at **last** polypectomy ____
- or
- year of **last** polypectomy ____
- don't know

10. Did a doctor ever tell your relative that he/she had **familial adenomatous polyposis, known also as FAP**? This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon.

- yes
- no → Please go to #11
- don't know → Please go to #11

10a. When did your doctor **first** tell your relative that he/she had FAP?

- age at diagnosis ____
- or
- year of diagnosis ____
- don't know

11. Did a doctor ever tell your relative that he/she had **Crohn's disease**? This is where there is an inflammation that extends into the deeper layers of the intestinal wall. It may also affect other parts of the digestive tract, including the mouth, esophagus, stomach, and small intestine.

- yes
- no → Please go to #12
- don't know → Please go to #12

11a. When did a doctor **first** tell your relative that he/she had Crohn's disease?

- age at diagnosis ____
- or
- year of diagnosis ____
- don't know

12. Did a doctor ever tell your relative that he/she had **ulcerative colitis**? This is an inflammation and ulceration of the lining of the bowel (colon) and rectum. It is not a stomach ulcer.

- yes
- no → Please go to #13
- don't know → Please go to #13

12a. When did a doctor **first** tell your relative that he/she had ulcerative colitis?

- age at diagnosis ____
- or
- year of diagnosis ____
- don't know

13. Did a doctor ever tell your relative that he/she had **irritable bowel syndrome**? This is a disorder of the bowels leading to cramping, gassiness, bloating and alternating diarrhoea and constipation. It is sometimes called IBS, or spastic colon.

- yes
- no → Please go to #14
- don't know → Please go to #14

13a. When did a doctor **first** tell your relative that he/she had irritable bowel syndrome?

age at diagnosis _____

or

year of diagnosis _____

don't know

14. Did a doctor ever tell your relative that he/she had **diverticular disease**? This may also be called diverticulosis or diverticulitis. It's a condition in which the bowel may become infected, and can lead to pain and chronic problems with bowel habits.

yes

no → Please go to #15

don't know → Please go to #15

14a. When did a doctor **first** tell your relative that he/she had diverticular disease?

age at diagnosis _____

or

year of diagnosis _____

don't know

15. Did your relative ever have any of his/her **large bowel or colon** removed?

yes

no → Please go to #16

don't know → Please go to #16

→ Was it completely removed, or was only part of it removed?

completely removed

partly removed

don't know

15a. When did your relative **first** have any of his/her bowel or colon removed?

age at **first** operation _____

or

year of **first** operation _____

don't know

15b. Did your relative have more than one surgery to remove his/her bowel or colon?

yes

no → Please go to #16

don't know → Please go to #16

15c. When did your relative **last** have all or part of his/her bowel or colon removed?

age at **last** operation _____

or

year of **last** operation _____

don't know

16. Did your relative have his/her **gallbladder** removed?

yes

no → Please go to #17

don't know → Please go to #17

16a. When did your relative have his/her gallbladder removed?

age at operation _____

or

year of operation _____

don't know

17. Did a doctor ever tell your relative that he/she had **diabetes**, also known as **diabetes mellitus**? Please do not include diabetes which she had **only** during pregnancy.

yes

no → Please go to #18

don't know → Please go to #18

17a. When did a doctor **first** tell your relative that he/she had diabetes?

age at diagnosis _____

or

year of diagnosis _____

don't know

- 17b. Did your relative ever take medication to control his/her diabetes?
- yes
 - no → Please go to #18
 - don't know → Please go to #18

- 17c. What type of medication did he/she use, pills or insulin injections?
- pills
 - insulin injections
 - both
 - don't know → Please go to #18

- 17d. How often did he/she usually take it?
Please choose the most appropriate category.

	Pills	Insulin
times per day <i>or</i>	_____	_____
times per week <i>or</i>	_____	_____
times per month <i>or</i>	_____	_____
times per year	_____	_____
don't know	<input type="radio"/>	<input type="radio"/>

- 17e. About one year before your relative's recent cancer diagnosis, was he/she taking it?

	Pills	Insulin
yes	<input type="radio"/>	<input type="radio"/>
no	<input type="radio"/>	<input type="radio"/>
don't know	<input type="radio"/>	<input type="radio"/>

- 17f. How long, in total, did your relative take this medication?
- | | Pills | Insulin |
|----------------------------|-----------------------|-----------------------|
| number of months <i>or</i> | _____ | _____ |
| number of years | _____ | _____ |
| don't know | <input type="radio"/> | <input type="radio"/> |

18. Did a doctor ever tell your relative that he/she had **high cholesterol**? *If a doctor told him/her it was borderline, please tick no.*
- yes
 - no → Please go to #19
 - don't know → Please go to #19

- 18a. When did a doctor **first** tell your relative that he/she had high cholesterol?
- age at diagnosis _____
- or*
- year of diagnosis _____
- don't know

- 18b. Did your relative ever take medication to control his/her high cholesterol?
- yes
 - no → Please go to #19
 - don't know → Please go to #19

- 18c. How often did your relative usually take it?
Please choose the most appropriate category.
- _____ times per day *or*
- _____ times per week *or*
- _____ times per month *or*
- _____ times per year
- don't know

- 18d. About one year before your relative's recent cancer diagnosis, was he/she taking it?
- yes
 - no
 - don't know

- 18e. How long, in total, did your relative take this medication?
- _____ number of months *or*
- _____ number of years
- don't know

19. Did a doctor ever tell your relative that he/she had **high levels of fat (other than cholesterol) in their blood, also called high triglycerides**? *If a doctor told your relative it was borderline, please tick no.*

- yes
- no → *Please go to #20*
- don't know → *Please go to #20*

19a. When did a doctor **first** tell your relative that he/she had high triglycerides?

- age at diagnosis _____
or
year of diagnosis _____
 don't know

19b. Did he/she ever take medication to control the high levels of fat in his/her blood?

- yes
- no → *Please go to #20*
- don't know → *Please go to #20*

19c. How often did he/she usually take it?
Please choose the most appropriate category.

- _____ times per day *or*
_____ times per week *or*
_____ times per month *or*
_____ times per year
 don't know

19d. **About one year before your relative's recent cancer diagnosis**, was he/she taking it?

- yes
- no
- don't know

19e. How long, in total, did he/she take this medication?

- _____ number of months *or*
_____ number of years
 don't know

20. Did a doctor ever tell your relative that he/she had any type of **cancer**?

- yes
- no → *Please go to #24*
- don't know → *Please go to #24*

20a. What type of cancer was it?

_____ cancer

20b. When did a doctor **first** tell your relative that he/she had this type of cancer?

- age at diagnosis _____
or
year of diagnosis _____
 don't know

20c. Was your relative treated with radiation therapy (radiotherapy) for this cancer?

- yes
- no
- don't know

21. Did a doctor ever tell your relative that he/she had any other **cancer**?

- yes
- no → *Please go to #24*
- don't know → *Please go to #24*

21a. What type of cancer was it?

_____ cancer

21b. When did a doctor **first** tell your relative that he/she had this type of cancer?

- age at diagnosis _____
or
year of diagnosis _____
 don't know

21c. Was your relative treated with radiation therapy (radiotherapy) for this cancer?

- yes
- no
- don't know

22. Did a doctor ever tell your relative that he/she had any other **cancer**?

- yes
- no → *Please go to #24*
- don't know → *Please go to #24*

22a. What type of cancer was it?

_____ cancer

22b. When did a doctor **first** tell your relative that he/she had this type of cancer?

age at diagnosis _____

or

year of diagnosis _____

- don't know

22c. Was your relative treated with radiation therapy (radiotherapy) for this cancer?

- yes
- no
- don't know

23. Did a doctor ever tell your relative that he/she had any other **cancer**?

- yes
- no → *Please go to #24*
- don't know → *Please go to #24*

23a. What type of cancer was it?

_____ cancer

23b. When did a doctor **first** tell your relative that he/she had this type of cancer?

age at diagnosis _____

or

year of diagnosis _____

- don't know

23c. Was your relative treated with radiation therapy (radiotherapy) for this cancer?

- yes
- no
- don't know

Medications

Did your relative ever take any of the following medications regularly (at least twice a week for more than a month)?

24. **Aspirin (such as Anacin, Bufferin, Bayer, Excedrin, Ecotrin)**

- yes
- no → *Please go to #25*
- don't know → *Please go to #25*

24a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)?

Please choose one of the following.

_____ times per day *or*

_____ times per week

- don't know

24b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

24c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

_____ number of months *or*

_____ number of years

- don't know

Did your relative ever take any of the following medications regularly (at least twice a week for more than a month)? *(continued)*

25. **Acetaminophen (such as Tylenol, Anacin-3, Panadol)**

- yes
- no → *Please go to #26*
- don't know → *Please go to #26*

25a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*

- ___ times per day *or*
- ___ times per week
- don't know

25b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

25c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ number of months *or*
- ___ number of years
- don't know

26. **Ibuprofen-based medications (such as Advil, Motrin, Nuprin, Medipren, Indocid, Naprosyn, NSAIDS (NSAIDS are non-steroidal anti-inflammatory drugs))**

- yes
- no → *Please go to #27*
- don't know → *Please go to #27*

26a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*

- ___ times per day *or*
- ___ times per week
- don't know

26b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

26c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ number of months *or*
- ___ number of years
- don't know

Did your relative ever take any of the following medications regularly (at least twice a week for more than a month)? *(continued)*

27. **Bulk-forming laxatives (such as Metamucil, Citrucel, FiberCon, Serutan, psyllium)**

- yes
- no → *Please go to #28*
- don't know → *Please go to #28*

27a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*

- ___ ___ times per day *or*
- ___ ___ times per week
- don't know

27b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

27c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ ___ number of months *or*
- ___ ___ number of years
- don't know

28. **Other laxatives (such as Ex-Lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia, lactulose, Epsom salts)**

- yes
- no → *Please go to #29*
- don't know → *Please go to #29*

28a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*

- ___ ___ times per day *or*
- ___ ___ times per week
- don't know

28b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

28c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ ___ number of months *or*
- ___ ___ number of years
- don't know

Did your relative ever take any of the following medications regularly (at least twice a week for more than a month)? (continued)

29. **Multivitamin supplements (such as One-A-Day, Theragram, Centrum, Unicap) (not individual vitamins)**

- yes
- no → Please go to #30
- don't know → Please go to #30

29a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? Please choose one of the following.

- ___ ___ times per day or
- ___ ___ times per week
- don't know

29b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

29c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ ___ number of months or
- ___ ___ number of years
- don't know

30. **Folic acid or folate pills or tablets**

- yes
- no → Please go to #31
- don't know → Please go to #31

30a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? Please choose one of the following.

- ___ ___ times per day or
- ___ ___ times per week
- don't know

30b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

30c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ ___ number of months or
- ___ ___ number of years
- don't know

Did your relative ever take any of the following medications regularly (at least twice a week for more than a month)? *(continued)*

31. Calcium pills or tablets

- yes
- no → *Please go to #32*
- don't know → *Please go to #32*

31a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*

- ___ times per day *or*
- ___ times per week
- don't know

31b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

31c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ number of months *or*
- ___ number of years
- don't know

32. Calcium-based antacids (such as Tums, Rolaid, Extra-strength Rolaid, Alka-Mint, Chooz Antacid gum)

- yes
- no → *If your relative is female, please go to #33*
If your relative is male, please go to #44

- don't know → *If your relative is female, please go to #33*
If your relative is male, please go to #44

32a. How often did your relative usually take it when he/she was taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*

- ___ times per day *or*
- ___ times per week
- don't know

32b. **About one year before your relative's recent cancer diagnosis**, was he/she taking it regularly?

- yes
- no
- don't know

32c. How long, in total, did your relative take this medication regularly? *If he/she started and stopped and then started again, please count only the time he/she was taking this medication.*

- ___ number of months *or*
- ___ number of years
- don't know

If your relative was male: please go to #44

If your relative was female: please continue with #33

Menstruation, Pregnancy, and Menopause

33. How old was your relative when she had her **first** menstrual period?
- ____ years of age
- don't know
- never had a menstrual period
34. Was your relative ever pregnant?
- yes
- no → Please go to #35
- don't know → Please go to #35
- How many times has she been pregnant? Please include miscarriages, stillbirths, tubal pregnancies and abortions.
- ____ number of pregnancies
- don't know
- 34a. How many times was she pregnant with more than one baby (twins, triplets or more)? *If she is pregnant now, please do not include her current pregnancy.*
- never
- ____ number of pregnancies with more than one baby
- don't know
- 34b. How many of her pregnancies lasted 6 months or longer? (Pregnancy usually lasts 9 months. Six months is about the earliest a baby could survive.)
- all of them
- ____ number of pregnancies lasting 6 months or longer
- don't know
- 34c. How many of her pregnancies resulted in live births?
- all of them
- ____ number of pregnancies with live-born children
- don't know
- 34d. How old was she at the **first** live birth?
- age at **first** birth ____ or
- year of **first** birth _____
- don't know
- 34e. How old was she at the **last** live birth?
- age at **last** birth ____ or
- year of **last** birth _____
- don't know
35. Did your relative ever use birth control pills or other hormonal contraceptives (implants or injections) for at least one year?
- yes
- no → Please go to #36
- don't know → Please go to #36
- How old was she when she **first** used any of these hormonal contraceptives?
- age at **first** use ____ or
- year of **first** use _____
- don't know
- 35a. Was she still using hormonal contraceptives **about one year before her recent cancer diagnosis**?
- yes
- no
- don't know

35b. In **total**, how long did she take these hormonal contraceptives? *If she started and stopped and then started again, please count only the time she was taking these contraceptives.*

_____ number of years

don't know

36. Was your relative still **menstruating about one year before her recent cancer diagnosis**? *Please include only **menstrual** bleeding, not bleeding that results from hormone replacement therapy (HRT) or progesterones, progestins or withdrawal bleeding.*

yes → *Please go to #42*

no

don't know → *Please go to #42*

→ Has her periods stopped permanently or only temporarily due to pregnancy, breast-feeding, or other conditions?

permanently

temporarily → *Please go to #42*

37. How old was she when her periods stopped permanently?

age they stopped _____ or

year they stopped _____

don't know

38. Why did her menstrual periods stop permanently? *Please tick all that apply.*

natural menopause

surgery

radiation or chemotherapy

other reason

Please specify: _____

don't know

Please complete the next few questions which ask about surgeries your relative may have had. Please answer all questions.

39. Hysterectomy (only the uterus or womb removed)

yes

no

don't know

→ age when removed _____ or

year when removed _____

don't know

39a. Hysterectomy with one ovary or part of an ovary removed

yes

no

don't know

→ age when removed _____ or

year when removed _____

don't know

39b. Hysterectomy with both ovaries removed

yes

no

don't know

→ age when removed _____ or

year when removed _____

don't know

39c. One ovary removed, completely or partly, without hysterectomy

yes

no

don't know

→ age when removed _____ or

year when removed _____

don't know

39d. Both ovaries removed without hysterectomy

- yes
 - no
 - don't know
- age when removed _____ or
year when removed _____
- don't know

40. **If your relative had radiation or chemotherapy**, when did she **first** have it?

- had radiation or chemotherapy
- age when this was given _____ or
year when this was given _____
- don't know
 - never had radiation or chemotherapy

41. **If your relative's periods stopped permanently for any reason other than surgery, radiation or chemotherapy**, when did this occur?

- other reason
Please specify: _____
- age when occurred _____ or
year when occurred _____
- don't know
 - not applicable

42. Doctors prescribe **hormone replacement therapy** for many reasons, including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention. (Menopausal symptoms include hot flashes, sweating, and depression.)

Did your relative ever take hormone replacement therapy prescribed by a doctor and in the form of a pill or a patch?

Please do not include hormone therapy that was prescribed for birth control, infertility, hormone therapy delivered by injections, vagina creams or vaginal suppositories, or herbal or soy products.

- yes
- no → *Please go to #43*
- don't know → *Please go to #43*

42a. Was your relative still having **menstrual** periods when she **first** took these hormones?

- yes
- no
- don't know

42b. Was she prescribed either an estrogen-only pill or patch (such as Premarin) for hormone replacement therapy?

- yes
- no
- don't know

→ How old was she when she **first** took estrogen-only medication?

- age when **first** taken _____ or
year when **first** taken _____
- don't know

42c. Was she still using estrogen-only medication for hormone replacement therapy **about one year before her recent cancer diagnosis**?

- yes
- no
- don't know

42d. In total, how long did she take estrogen-only medication for hormone replacement therapy? *If she started and stopped and then started again, please count only the time she was taking this medication.*

- _____ number of months or
_____ number of years
- don't know

42e. Progesterone or progestin is frequently prescribed by doctors together with estrogen for hormone replacement therapy. One common brand name is Provera. Another one is Prometrium. Did your relative ever take progesterone or progestin together with estrogens for hormone replacement therapy?

- yes
- no → Please go to #43
- don't know → Please go to #43

→ How old was she when she **first** took progesterone or progestin together with estrogens?

age when **first** taken ____ or
 year when **first** taken _____

- don't know

42f. Was she still using progesterone or progestin medication **about one year before her recent cancer diagnosis**?

- yes
- no
- don't know

42g. In total, how long did she take progesterone or progestin together with estrogens? *If she started and stopped and then started again, please count only the time she was taking this medication.*

____ number of months or
 ____ number of years

- don't know

43. Did your relative ever take tamoxifen, raloxifene, or other anti-estrogen medication (such as Lupron or Depo-Provera)?

- yes
- no → Please go to #44
- possibly - she has participated in a clinical trial for tamoxifen or other anti-estrogen medication
- don't know → Please go to #44

→ What anti-estrogen medication did she take? *Please tick all that apply.*

- tamoxifen
- raloxifene
- other: _____
please specify

43a. How old was she when she **first** took tamoxifen, raloxifene or other anti-estrogen medication?

age when **first** taken ____ or
 year when **first** taken _____

- don't know

43b. Was she still taking tamoxifen, raloxifene or other anti-estrogen medication **about one year before her recent cancer diagnosis**?

- yes
- no
- don't know

43c. In total, how long did she take tamoxifen, raloxifene or other anti-estrogen medication? *If she started and stopped and then started again, please count only the time she was taking this medication.*

____ number of months or
 ____ number of years

- don't know

Diet

44. **About one year before your relative's recent cancer diagnosis**, on average, how often did your relative eat a piece or serving of **fruit**?

(A serving of fruit is: 1 medium-sized fresh fruit; 1/2 cup of chopped, cooked or canned fruit; 1/4 cup of dried fruit; 6 ounces of fruit juice (50%-100% pure juice).) *Please choose one of the following.*

- servings per day *or*
 servings per week *or*
 servings per month
 don't know

45. **About one year before your relative's recent cancer diagnosis**, on average, how often did your relative eat a serving of **vegetables**? *Please include green salads, beans, lentils, etc., and potatoes (not packaged potato chips).*

(A serving of vegetables is: 1 cup raw leafy vegetables; 1/2 cup of other vegetables, cooked or chopped raw; 6 ounces of vegetable juice.) *Please choose one of the following.*

- servings per day *or*
 servings per week *or*
 servings per month
 don't know

46. **About one year before your relative's recent cancer diagnosis**, on average, how often did your relative eat a serving of **red meat** (not chicken or fish)?

(A serving of red meat is: 2-3 ounces of red meat (a piece of meat about the size of a deck of cards). Red meats include: beef, steak, hamburger, prime rib, ribs, beef hot dogs, beef-based processed meat, veal, pork, bacon, pork sausage, ham, lamb, venison.) *Please choose one of the following.*

- servings per day *or*
 servings per week *or*
 servings per month
 didn't eat red meat → *Please go to #47*
 don't know

- 46a. **About one year before your relative's recent cancer diagnosis**, on average, how often did your relative eat a serving of **red meat** that was cooked by broiling, grilling, barbecuing or pan-frying (**not** stir-fried or deep-fried)? *Please choose one of the following.*

- servings per day *or*
 servings per week *or*
 servings per month
 didn't eat meat that was cooked by these methods → *Please go to #47*
 don't know

46b. On average, when your relative ate **red meat** cooked by these methods, which of the following best describes its appearance?

What was its **outside** appearance?

- lightly browned
- medium browned
- heavily browned or blackened
- don't know

What was its **inside** appearance
(how well done it was)?

- red (rare)
- pink (medium)
- brown (well-done)
- don't know

47. **About one year before your relative's recent cancer diagnosis**, on average, how often did your relative eat a serving of **chicken**? *Please do not include turkey or any other bird.*

(A serving of chicken is: 2-3 ounces of chicken meat; 1 drumstick; 1 thigh; half a breast; 2 wings; 3 nuggets.) *Please choose one of the following.*

___ servings per day *or*

___ servings per week *or*

___ servings per month

didn't eat chicken → *Please go to #48*

don't know

47a. **About one year before your relative's recent cancer diagnosis**, on average, how often did your relative eat a serving of **chicken** that was cooked by broiling, grilling, barbecuing or pan-frying (**not** stir-fried or deep-fried)? *Please choose one of the following.*

___ servings per day *or*

___ servings per week *or*

___ servings per month

didn't eat chicken that was cooked by these methods → *Please go to #48*

don't know

47b. On average, when your relative ate **chicken** cooked by these methods, which of the following best describes its appearance?

What was its **outside** appearance?

- lightly browned
- medium browned
- heavily browned or blackened
- don't know

Physical Activity

This question is about the physical activities your relative participated in **his/her 20s**.

48. In your relative's 20s, did he/she participate **regularly** in physical activity for a total of at least 30 minutes a week? Please describe his/her activities below.

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
Walking	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Jogging (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Running (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Bicycling (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Swimming laps	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Tennis, squash racquetball	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Calisthenics, aerobics, vigorous dance (including ballet), using a rowing machine, lifting weights	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Football, soccer rugby, basketball	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
Heavy household work (examples: using a non-power mower, shoveling, moving heavy loads, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week

In your relative's 20s, did he/she do any other **strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

Activity <i>please specify</i>		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week

49. When your relative was **in his/her 20s**, what was his/her usual occupation? (We mean what he/she did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed.)

_____ occupation

don't know

If your relative is younger than age 31, please go to the next section (Alcohol Consumption) on page 25. Otherwise, please continue with #50.

Now, please think back to **your relative's 30s and 40s.**

50. In your relative's 30 and 40s, did he/she participate **regularly** in physical activity for a total of at least 30 minutes a week? Please describe his/her activities below.

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
Walking	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Jogging (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Running (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Bicycling (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Swimming laps	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Tennis, squash racquetball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Calisthenics, aerobics, vigorous dance (including ballet), using a rowing machine, lifting weights	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Football, soccer rugby, basketball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Heavy household work (examples: using a non-power mower, shoveling, moving heavy loads, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

In your relative's 30s and 40s, did he/she do any other strenuous activities? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

Activity <i>please specify</i>		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week

51. When your relative was in his/her **30s and 40s**, what was his/her usual occupation? (We mean what he/she did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed.)

_____ occupation

don't know

If your relative is younger than age 51, please go to the next section (Alcohol Consumption) on page 25. Otherwise, please continue with #52.

Now, please think back to **since your relative turned 50.**

52. **Since your relative turned 50, did he/she participate regularly in physical activity for a total of at least 30 minutes a week? Please describe his/her activities below.**

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
Walking	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Jogging (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Running (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Bicycling (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Swimming laps	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Tennis, squash racquetball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Calisthenics, aerobics, vigorous dance (including ballet), using a rowing machine, lifting weights	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Football, soccer rugby, basketball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Heavy household work (examples: using a non-power mower, shoveling, moving heavy loads, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

Since your relative turned 50, did he/she do any other **strenuous activities**? Strenuous activity means something that really increased their heart rate, made them hot, and caused them to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

Activity <i>please specify</i>	For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week

53. Since your relative turned 50, what was his/her usual occupation? (We mean what he/she did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed.)

_____ occupation

don't know

Alcohol Consumption

We would like you to think back to when your relative was in **his/her 20s**.

54. In his/her 20s, did your relative ever consume any alcoholic beverages at least **once a week for 6 months or longer**? Please describe their consumption below.

		For how many years?	During those years, how much did he/she typically consume?
Beer, hard cider (at least 3% alcohol)	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	_____ years consumed	_____ number of 12 ounce cans or bottles <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Wine	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	_____ years consumed	_____ number of 4 ounce glasses of wine <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Sake, sherry, port	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	_____ years consumed	_____ number of 1 ounce servings <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Spirits, liquor mixed drinks, brandy, liqueurs	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	_____ years consumed	_____ number of 1 ounce shots liquor or spirits <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know

55. When your relative was in his/her 20s, how many years **in total** did he/she consume **at least one alcoholic beverage (of any type) a week**?

_____ years consumed
 never consumed alcohol

56. On average, how many alcoholic beverages a week did he/she consume during those years? That is, how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

_____ number of alcoholic beverages a week
 never consumed alcohol

If your relative is younger than age 31, please go to the next section (Smoking) on page 28. Otherwise, please continue with #57.

Now, please think back to when your relative was in **his/her 30s and 40s**.

57. **In his/her 30s and 40s**, did your relative ever consume any alcoholic beverages at least **once a week for 6 months or longer**? Please describe their consumption below.

		For how many years?	During those years, how much did he/she typically consume?
Beer, hard cider (at least 3% alcohol)	<input type="radio"/> yes —▶ <input type="radio"/> no <input type="radio"/> don't know	____ years consumed	____ number of 12 ounce cans or bottles <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Wine	<input type="radio"/> yes —▶ <input type="radio"/> no <input type="radio"/> don't know	____ years consumed	____ number of 4 ounce glasses of wine <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Sake, sherry, port	<input type="radio"/> yes —▶ <input type="radio"/> no <input type="radio"/> don't know	____ years consumed	____ number of 1 ounce servings <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Spirits, liquor mixed drinks, brandy, liqueurs	<input type="radio"/> yes —▶ <input type="radio"/> no <input type="radio"/> don't know	____ years consumed	____ number of 1 ounce shots liquor or spirits <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know

58. When your relative was in his/her 30s and 40s, how many years **in total** did he/she consume **at least one alcoholic beverage (of any type) a week**?

- ____ years consumed
 never consumed alcohol

59. On average, how many alcoholic beverages a week did he/she consume during those years? That is, how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

- ____ number of alcoholic beverages a week
 never consumed alcohol

If your relative is younger than age 51, please go to the next section (Smoking) on page 28. Otherwise, please continue with #60.

Now, please think back to **since your relative turned 50.**

60. **Since your relative turned 50**, did he/she ever consume any alcoholic beverages at least **once a week** for 6 months or longer? *Please describe their consumption below.*

		For how many years?	During those years, how much did he/she typically consume?
Beer, hard cider (at least 3% alcohol)	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 12 ounce cans or bottles <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Wine	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 4 ounce glasses of wine <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Sake, sherry, port	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce servings <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Spirits, liquor mixed drinks, brandy, liqueurs	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce shots liquor or spirits <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know

61. Since your relative turned 50, how many years **in total** did he/she consume **at least one alcoholic beverage (of any type) a week?**

___ ___ years consumed
 never consumed alcohol

62. On average, how many alcoholic beverages a week did he/she consume during those years? That is, how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

___ ___ number of alcoholic beverages a week
 never consumed alcohol

Smoking

63. Did your relative ever smoke at least one **cigarette** a day for 3 months or longer?

- yes
- no → *Please go to #64*
- don't know → *Please go to #64*

63a. When did he/she **first** start smoking at least one cigarette a day?

age at **first** use _____ or

year of **first** use

- don't know

63b. During periods when he/she smoked regularly, how many cigarettes did he/she typically smoke in a day?

_____ cigarettes per day

- don't know

63c. **About one year before your relative's recent cancer diagnosis**, was your relative still smoking at least one cigarette a day?

- yes
- no
- don't know

63d. When did he/she stop smoking at least one cigarette a day (we mean stop smoking permanently)?

age at last use _____ or

year of last use

- don't know

63e. How many years, in total, did he/she smoke at least one cigarette a day for 3 months or longer? (If he/she has stopped and restarted at least once, count only the time when he/she was smoking.)

_____ total number of years

- don't know

64. Did your relative ever smoke at least one **cigar** a month for at least 3 months?

- yes
- no → *Please go to #65*
- don't know → *Please go to #65*

64a. When did he/she **first** start smoking at least one cigar a month?

age at **first** use _____ or

year of **first** use

- don't know

64b. During periods when he/she smoked regularly, how many cigars did he/she typically smoke in a month?

_____ cigars per month

- don't know

64c. **About one year before your relative's recent cancer diagnosis**, was he/she still smoking at least one cigar a month?

- yes
- no
- don't know

64d. When did he/she stop smoking at least one cigar a month (we mean stop smoking permanently)?

age at last use _____ or

year of last use

- don't know

64e. How many years, in total, did he/she smoke at least one cigar a month for 3 months or longer? (If he/she has stopped and restarted at least once, count only the time when he/she was smoking.)

_____ total number of years

- don't know

65. Did your relative ever smoke at least one pipe a month for at least 3 months?

- yes
- no → Please go to #66
- don't know → Please go to #66

65a. When did he/she **first** start smoking at least one pipe a month?

age at **first** use ____ or
year of **first** use

- don't know

65b. During periods when he/she smoked regularly, how many pipes did he/she typically smoke in a month?

_____ pipes per month

- don't know

65c. **About one year before your relative's recent cancer diagnosis**, was he/she still smoking at least one pipe a month?

- yes
- no
- don't know

65d. When did he/she stop smoking at least one pipe a month (we mean stop smoking permanently)?

age at last use ____ or
year of last use

- don't know

65e. How many years, in total, did your relative smoke at least one pipe a month for 3 months or longer? (If he/she stopped and restarted at least once, count only the time when he/she was smoking.)

_____ total number of years

- don't know

Height and Weight

66. About how tall was your relative, without his/her shoes on?

____ feet ____ inches

or

_____ centimetres

- don't know

67. How much did your relative weigh **about one year before his/her recent cancer diagnosis**?

____ pounds

or

____ kilograms

- don't know

68. How much did your relative weigh when he/she was **about 20 years old**?

____ pounds

or

____ kilograms

- don't know

Additional Information

69. Previous to this study, have you and your relatives ever taken part in any family health studies?

- yes
- no
- don't know

Background Information

69. What was the highest level of education that your relative completed?

- | | |
|--|--|
| <input type="radio"/> less than 8 years | <input type="radio"/> some college or university |
| <input type="radio"/> 8 to 11 years | <input type="radio"/> bachelor's degree |
| <input type="radio"/> high school graduate | <input type="radio"/> graduate degree |
| <input type="radio"/> vocational or technical school | <input type="radio"/> don't know |

70. Country of birth sometimes affects disease risk. Please fill in country of birth for **your relative, his/her parents and his/her grandparents.**

In addition, scientists have found that some genetic traits are more common or less common among Jewish people of different ethnic backgrounds. Please answer the questions about Jewish descent for each person.

	Country of birth	Is this person of Jewish descent?	Ashkenazi (East European)	Sephardic	other	don't know
Your relative	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her mother's mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her mother's father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her father's mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her father's father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. How many years did your relative live in Canada?

- all his/her life
- ___ number of years
- don't know

72. Ethnicity and race sometimes affect disease risk. Scientists have found that some genetic traits are more common or less common among people of different backgrounds. We would like to know if this is true for genes associated with colorectal cancer.

Please fill in the background for **your relative, his/her parents and his/her grandparents.**

Please tick all that apply.

	Your relative	His/her mother	His/her father	His/her mother's mother	His/her mother's father	His/her father's mother	His/her father's father
Black, from Africa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black, from the Caribbean (e.g. Trinidad, Jamaica, Haiti)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black, from North America	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black, other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Nations (e.g. Indian, Inuit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
North African (e.g. Egyptian)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle Eastern (e.g. Iranian)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filipino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other South East Asian (e.g. Vietnamese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Asian (e.g. East Indian, Pakistani)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other: <i>please specify</i>	_____	_____	_____	_____	_____	_____	_____
don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. Which of the following categories best describes your relative's total annual **household** income about one year before his/her recent cancer diagnosis?

- no income
- less than \$6,000
- \$6,000 - \$11,999
- \$12,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 or more
- don't know

**Thank you very much for taking the time to fill out this questionnaire.
We appreciate your participation.**

Please mail this completed questionnaire in the return envelope provided.