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**Epidemiology Questionnaire  
for the  
CORE Family Registry  
&  
CORE Hormones and Health  
Studies  
(CORE Studies)**

**December 14, 2000**

[BEGIN WITH TELEPHONE SCRIPT FOR RECRUITMENT AND INFORMED CONSENT]

**SECTION 1: IDENTIFICATION AND DATE OF BIRTH**

QAGE What is your age?  
\_\_\_\_ years  
don't know/refused - 999

Q1\_3 What is your date of birth?  
Q1\_3 month \_\_\_\_  
Q1\_3DD day \_\_\_\_  
Q1\_3YY year \_\_\_\_

Q1\_4 Are you a twin or triplet?  
1 yes, a twin → Q1\_41  
2 yes, other multiple (triplet, quadruplet, etc.): (specify) \_\_\_\_\_ → Q1\_41  
3 no → Q1\_5  
4 don't know/refused → Q1\_5

Q1\_41 [IF YES] Do you have a genetically identical twin or triplet?  
[PROMPT: NON-IDENTICAL TWINS ARE NO MORE ALIKE THAN ORDINARY BROTHERS AND SISTERS. GENETICALLY IDENTICAL TWINS, ON THE OTHER HAND, LOOK SO MUCH ALIKE THAT PEOPLE OFTEN MISTAKE ONE FOR THE OTHER, ESPECIALLY DURING THEIR CHILDHOOD.]  
1 yes  
2 no  
3 don't know/refused

Q1\_5 Are you . . . ?  
1 currently married  
2 separated  
3 divorced  
4 widowed  
5 single or never married  
6 don't know/ refused

**SECTION 2: PERSONAL MEDICAL HISTORY, MEDICATIONS, SCREENING**

Q2\_ Now I'm going to ask some questions about medical tests you might have had.

Q2\_1 Have you ever had a test for blood in your stool, called a smear test or a hemocult?  
[PROMPT: THIS TEST IS FREQUENTLY DONE AS PART OF A ROUTINE PHYSICAL EXAM, OR IT CAN BE DONE AT HOME.]

- 1 yes
- 2 no → Q2\_2
- 3 don't know/refused → Q2\_2

Q2\_11 [IF YES] When did you **first** have this test?

- Q2\_11A 1 age when first tested: \_\_\_\_ \_\_\_\_  
*or*
- Q2\_11B 2 year of first test: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*
- Q2\_11C 3 I had my first smear test/hemocult \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused

Q2\_12A What were the reasons for your **first** test?  
[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 to investigate a new problem
- 2 family history of colorectal cancer
- 3 routine/yearly exam or check-up
- 4 follow-up of a previous problem
- 5 other: \_\_\_\_\_
- 6 no more answers
- 7 don't know/refused

Q2\_13 How many separate tests have you had?

\_\_\_\_\_ number of tests  
[If 1 → Q2\_2]

Q2\_14 [IF ANSWER IN Q2\_13 IS > 1] When did you **last** have this test?

- Q2\_14A: 1 age when last tested: \_\_\_\_ \_\_\_\_  
*or*
- Q2\_14B: 2 year of last test: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*
- Q2\_14C: 3 I had my last smear test/hemocult \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused

Q2\_12A What were the reasons for your **last** test?  
[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 to investigate a new problem
- 2 family history of colorectal cancer
- 3 routine/yearly exam or check-up
- 4 follow-up of a previous problem
- 5 other: \_\_\_\_\_
- 8 no more answers
- 9 don't know/refused

Q2\_2 Have you ever had a sigmoidoscopy?  
[PROMPT: 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.]

- 1 yes
- 2 no → Q2\_3
- 3 don't know/refused → Q2\_3

Q2\_21 [IF YES] When did you **first** have a sigmoidoscopy?

- Q2\_21A 1 age when first sigmoidoscopy: \_\_\_ \_\_\_  
*or*
- Q2\_21B 2 year of first sigmoidoscopy: \_\_\_\_\_  
*or*
- Q2\_21C 3 I had my first sigmoidoscopy \_\_\_ \_\_\_ years ago
- 4 don't know/refused

Q2\_22A What were the reasons for your **first** sigmoidoscopy?  
[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 to investigate a new problem
- 2 family history of colorectal cancer
- 3 routine/yearly exam or check-up
- 4 follow-up of a previous problem
- 5 other: \_\_\_\_\_
- 6 no more answers
- 7 don't know/refused

Q2\_23 How many separate sigmoidoscopies have you had?

\_\_\_\_\_ number of sigmoidoscopies  
[If 1, → Q2\_3]

Q2\_24 [IF ANSWER IN Q2\_23 IS > 1] When did you **last** have a sigmoidoscopy?

- Q2\_24A: 1 age when last sigmoidoscopy: \_\_\_ \_\_\_  
*or*
- Q2\_24B: 2 year of last sigmoidoscopy: \_\_\_\_\_  
*or*
- Q2\_24C: 3 I had my last sigmoidoscopy \_\_\_ \_\_\_ years ago
- 4 don't know

Q2\_25 What were the reasons for your **last** sigmoidoscopy?  
[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 to investigate a new problem
- 2 family history of colorectal cancer
- 3 routine/yearly exam or check-up
- 4 follow-up of a previous problem
- 5 other: \_\_\_\_\_
- 6 no more answers
- 7 don't know/refused

Q2\_3

Have you ever had a colonoscopy?

[PROMPT: COLONOSCOPY IS AN EXAMINATION OF THE ENTIRE LARGE BOWEL USING A LONG FLEXIBLE INSTRUMENT. THIS EXAMINATION IS USUALLY DONE UNDER SEDATION.]

- 1 yes
- 2 no → Q2\_4
- 3 don't know/refused → Q2\_4

Q2\_31 [IF YES] When did you **first** have a colonoscopy?

Q2\_31A: 1 age when first colonoscopy: \_\_\_\_ \_\_\_\_  
*or*

Q2\_31B: 2 year of first colonoscopy: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q2\_31C: 3 I had my first colonoscopy \_\_\_\_ \_\_\_\_ years ago  
4 don't know

Q2\_32A What were the reasons for your **first** colonoscopy?

[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 to investigate a new problem
- 2 family history of colorectal cancer
- 3 routine/yearly exam or check-up
- 4 follow-up of a previous problem
- 5 other: \_\_\_\_\_
- 6 no more answers
- 7 don't know/refused

Q2\_33 How many separate colonoscopies have you had?

\_\_\_\_\_ number of colonoscopies

[If 1 → Q2\_3]

Q2\_34 [IF ANSWER IN Q2\_23 IS > 1] When did you **last** have a colonoscopy?

Q2\_34A: 1 age when last colonoscopy: \_\_\_\_ \_\_\_\_  
*or*

Q2\_34B: 2 year of last colonoscopy: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q2\_34C: 3 I had my last colonoscopy \_\_\_\_ \_\_\_\_ years ago  
4 don't know

Q2\_35 What were the reasons for your **last** colonoscopy?

[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 to investigate a new problem
- 2 family history of colorectal cancer
- 3 routine/yearly exam or check-up
- 4 follow-up of a previous problem
- 5 other: \_\_\_\_\_
- 6 no more answers
- 7 don't know/refused

Now I'd like to ask you some questions about your medical history. Has a doctor ever told you that you had any of the following conditions?

[INTERVIEWER: WHEN ASKING ABOUT A SUBSEQUENT CONDITION WHEN R REPORTED HAVING BEEN DIAGNOSED WITH THE PREVIOUS CONDITION, PROMPT WITH: "**Has a doctor ever told you that you had...**"]

Q2\_4 **Polyps** in your large bowel or colon or rectum?

- 1 yes
- 2 no → Q2\_5
- 3 don't know/refused → Q2\_5

Q2\_41 [IF YES] When did your doctor **first** tell you that you had polyps?

- Q2\_41A: 1 age at first diagnosis of polyps: \_\_\_\_ \_\_\_\_  
*or*
- Q2\_41B: 2 year of first diagnosis of polyps: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*
- Q2\_41C: 3 polyps were first diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know/refused

Q2\_42 Have you been told that you had polyps more than once?

- 1 yes
- 2 no → Q2\_43A
- 3 don't know/refused → Q2\_43A

Q2\_421 [IF YES] When did your doctor **last** tell you that you had polyps?

- Q2\_421A: 1 age at last diagnosis of polyps: \_\_\_\_ \_\_\_\_  
*or*
- Q2\_421B: 2 year of last diagnosis of polyps: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*
- Q2\_421C: 3 polyps were last diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know/refused

Q2\_43A Do you know if your polyps were benign, adenomatous or pre-cancerous, or something else?

[PROMPT: INCLUDE ALL THE SEPARATE TIMES YOU WERE TOLD YOU HAD POLYPS]  
[INTERVIEWER: READ ALL RESPONSES, SELECT ALL THAT APPLY]

- 1 benign
- 2 adenomatous (sometimes called pre-cancerous)
- 3 other: \_\_\_\_\_
- 4 no more answers
- 5 don't know/refused

Q2\_44 Did you have the polyps removed by a procedure called a polypectomy?

[PROMPT: THIS CAN BE DONE DURING A SIGMOIDSCOPY OR A COLONOSCOPY.]

- 1 yes
- 2 no → Q2\_5
- 3 don't know/refused → Q2\_5

Q2\_441 [IF YES] When did you **first** have the polyps removed?

Q2\_441A: 1 age when the polyps were first removed: \_\_\_\_ \_\_\_\_

*or*

Q2\_441B: 2 year when the polyps were first removed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_441C: 3 polyps were first removed \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_442 Have you had polyps removed more than once?

1 yes

2 no → Q2\_5

3 don't know/refused → Q2\_5

Q2\_4421 [IF YES] When did you **last** have polyps removed?

Q2\_4421A 1 age when polyps were last removed: \_\_\_\_ \_\_\_\_

*or*

Q2\_4421B 2 year when polyps were last removed: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_4421C 3 polyps were last removed \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_5 [PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **Familial adenomatous polyposis?**  
[PROMPT: THIS A CONDITION, SOMETIMES OCCURRING IN FAMILIES, IN WHICH NUMEROUS POLYPS LINE THE INSIDE OF THE LARGE BOWEL, ALSO KNOWN AS FAP.]

1 yes

2 no → Q2\_6

3 don't know/refused → Q2\_6

Q2\_51 [IF YES] When did your doctor first tell you that you had familial adenomatous polyposis?

Q2\_51A 1 age at diagnosis \_\_\_\_ \_\_\_\_

*or*

Q2\_51B 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_51C 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_6 [PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **Crohn's disease?**  
[PROMPT: THIS IS WHERE YOU HAVE 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.]

1 yes

2 no → Q2\_7

3 don't know/refused → Q2\_7

Q2\_61 [IF YES] When did your doctor **first** tell you that you had Crohn's disease?

Q2\_61A 1 age at diagnosis: \_\_\_\_ \_\_\_\_

*or*

Q2\_61B 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_61C 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_7 [PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **Ulcerative colitis?**  
[PROMPT: THIS IS AN INFLAMMATION AND ULCERATION OF THE LINING OF THE BOWEL (COLON) AND RECTUM. IT IS NOT A STOMACH ULCER.]

- 1 yes
- 2 no → Q2\_8
- 3 don't know/refused → Q2\_8

Q2\_71 [IF YES] When did your doctor **first** tell you that you had ulcerative colitis?

- Q2\_71A 1 age at diagnosis: \_\_\_\_ \_\_\_\_  
*or*  
Q2\_71B 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*  
Q2\_71C 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know

Q2\_8 [PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **Irritable bowel syndrome?**  
[PROMPT: THIS IS A DISORDER OF THE BOWELS LEADING TO CRAMPING, GASSINESS, BLOATING, AND ALTERNATING DIARRHEA AND CONSTIPATION. ALSO KNOWN AS IBS]

- 1 yes
- 2 no → Q2\_9
- 3 don't know/refused → Q2\_9

Q2\_81 [IF YES] When did your doctor **first** tell you that you had irritable bowel syndrome?

- Q2\_81A 1 age at diagnosis: \_\_\_\_ \_\_\_\_  
*or*  
Q2\_81B 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*  
Q2\_81C 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know

Q2\_9 [HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **Diverticular disease?**  
[PROMPT: THIS IS ALSO CALLED DIVERTICULOSIS OR DIVERTICULITIS. IT IS A CONDITION IN WHICH THE BOWEL MAY BECOME INFECTED AND CAN LEAD TO PAIN AND CHRONIC PROBLEMS WITH BOWEL HABITS.]

- 1 yes
- 2 no → Q2\_12
- 3 don't know/refused → Q2\_12

Q2\_91 [IF YES] When did your doctor **first** tell you that you had diverticular disease?

- Q2\_91A 1 age at diagnosis: \_\_\_\_ \_\_\_\_  
*or*  
Q2\_91B 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*  
Q2\_91C 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know

[NOTE: QUESTIONS Q2\_10 AND Q2\_11 WERE MOVED TO FOLLOW Q2\_151F.]



Q2\_12

[PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **Diabetes?**

[PROMPT: ALSO KNOW AS DIABETES MELLITUS. DO NOT INCLUDE DIABETES WHICH YOU HAD **ONLY** DURING PREGNANCY (GESTATIONAL DIABETES).]

- 1 yes
- 2 no → Q2\_13
- 3 don't know/refused → Q2\_13

Q2\_121 [IF YES] When did your doctor **first** tell you that you had diabetes?

- Q2\_\_121A 1 age at diagnosis: \_\_\_\_ \_\_\_\_  
*or*  
Q2\_\_121B 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*  
Q2\_\_121C 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know/refused

Q2\_122 Did you ever take medication to control your diabetes?

- 1 yes
- 2 no → Q2\_13
- 3 don't know/refused → Q2\_13

Q2\_122A [IF YES] What type of medication did you use, pills or insulin injections?

- 1 pills
- 2 insulin injections
- 3 both [IN WHICH CASE ITERATE Q2\_122B AND Q2\_122G TWO TIMES]
- 4 don't know

Q2\_122B How often did you take it?

- Q2\_\_122C 1 \_\_\_\_ \_\_\_\_ times per day  
Q2\_\_122D 2 \_\_\_\_ \_\_\_\_ times per week  
Q2\_\_122E 3 \_\_\_\_ \_\_\_\_ times per month  
Q2\_\_122F 4 \_\_\_\_ \_\_\_\_ times per year  
5 don't know

Q2\_122G About two years ago, were you still taking it?

[SKIP IF R WAS FIRST DIAGNOSED LESS THAN 2 YEARS AGO (PER Q2\_121).]

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_122H In total, how many months or years did you take medication to control your diabetes?

- Q2\_\_122I 1 \_\_\_\_ \_\_\_\_ number of months  
Q2\_\_122J 2 \_\_\_\_ \_\_\_\_ number of years  
3 don't know/refused

Q2\_13 [PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **High cholesterol?**

- 1 yes
- 2 no → Q2\_14
- 3 don't know/refused → Q2\_14

Q2\_131 [IF YES] When did your doctor **first** tell you that you had high cholesterol?

- Q2\_131A: 1 age at diagnosis: \_\_\_\_ \_\_\_\_  
*or*
- Q2\_131B: 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*
- Q2\_131C: 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused

Q2\_132 Did you ever take medication to control your high cholesterol?

- 1 yes
- 2 no → Q2\_14
- 3 don't know/refused → Q2\_14

Q2\_132A [IF YES] How often did you take it?

- Q2\_132B 1 \_\_\_\_ \_\_\_\_ times per day
- Q2\_132C 2 \_\_\_\_ \_\_\_\_ times per week
- Q2\_132D 3 \_\_\_\_ \_\_\_\_ times per month
- Q2\_132E 4 \_\_\_\_ \_\_\_\_ times per year
- 5 don't know/refused

Q2\_132F About two years ago, were you still taking it?  
[SKIP IF R WAS FIRST DIAGNOSED LESS THAN 2 YEARS AGO (PER Q2\_131).]

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_132G In total, how many months or years did you take medication for your high cholesterol?

- Q2\_132H 1 \_\_\_\_ \_\_\_\_ number months  
*or*
- Q2\_132I 2 \_\_\_\_ \_\_\_\_ number of years
- 3 don't know/refused

Q2\_14 [PROMPT: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD] **high levels of triglycerides** in your blood?

[PROMPT: TRIGLYCERIDES ARE A TYPE OF FAT IN YOUR BLOOD]

- 1 yes
- 2 no → Q2\_15
- 3 don't know/refused → Q2\_15

Q2\_141 [IF YES] When did your doctor **first** tell you that you had high triglycerides?

- Q2\_\_141A 1 age at diagnosis: \_\_\_\_
- or*
- Q2\_\_141B 2 year of diagnosis: \_\_\_\_
- or*
- Q2\_\_141C 3 it was diagnosed \_\_\_\_ years ago
- 4 don't know/refused

Q2\_142 Did you ever take medication to control this condition?

- 1 yes
- 2 no → Q2\_15
- 3 don't know/refused → Q2\_15

Q2\_142A [IF YES] How often did you take it?

- Q2\_142B 1 \_\_\_\_ times per day
- Q2\_142C 2 \_\_\_\_ times per week
- Q2\_142D 3 \_\_\_\_ times per month
- Q2\_142E 4 \_\_\_\_ times per year
- 5 don't know/refused

Q2\_142F About two years ago, were you still taking it?  
[SKIP IF R WAS FIRST DIAGNOSED LESS THAN 2 YEARS AGO (PER Q2\_141).]

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_142G In total, how many months or years did you take medication for your high triglycerides?

- Q2\_142H 1 \_\_\_\_ number months
- or*
- Q2\_142I 2 \_\_\_\_ number of years
- 3 don't know/refused

Q2\_15 Has a doctor ever told you that you had **cancer** including any recent diagnosis or any early or pre-cancer diagnoses? [PROMPT: THIS MAY SEEM OBVIOUS, BUT FOR SCIENTIFIC REASONS, I NEED TO ASK THIS QUESTION OF EVERYONE.]

- 1 yes
- 2 no → Q2\_10
- 3 don't know/refused → Q2\_10

Q2\_15A2 [IF YES] What type of cancer was it?

Q2\_15B2 [FOR 2<sup>nd</sup> CANCER FOR R] What was the second type of cancer?

Q2\_15C2 [FOR 3<sup>rd</sup> CANCER FOR R] What was the third type of cancer?

Q2\_15D2 [FOR 4<sup>th</sup> CANCER FOR R] What was the fourth type of cancer?

Q2\_15E2 [FOR 5<sup>th</sup> CANCER FOR R] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q215A2OT [IF 40–OTHER CANCER WAS REPORTED] What type of cancer was it?

[RECORD TYPE OF CANCER REPORTED]

Q215A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q215A2A1
- 2 SKIN CANCER → Q215A4
- 3 OTHER TYPE OF CANCER → Q215A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q215B/C/D/E

Q215A2A1 What specific type of cancer was it?

- 1 Colon Cancer
  - 2 Rectal Cancer
  - 3 Colorectal Cancer
  - 4 Other, specify: \_\_\_\_\_
  - 5 Don't know/refused
- [SKIP TO Q215A5]

Q215A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED

[CONTINUE WITH Q2151A5]

Q215A5 [IF YES] When did your doctor **first** tell you that you had this type of cancer?

Q2151A6: 1 age at diagnosis: \_\_\_\_ \_\_\_\_  
*or*

Q2151A7: 2 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q2151A8: 3 it was diagnosed \_\_\_\_ \_\_\_\_ years ago  
4 don't know/refused

Q215A9 Were you treated with radiation therapy (radiotherapy)?

1 yes

2 no

3 will be starting radiation therapy in near future (within 6 months)

4 don't know/refused

Q215B [FOLLOWING 1<sup>ST</sup> REPORTED CANCER] Were you diagnosed with a second kind of cancer?

Q215C [FOLLOWING 2<sup>ND</sup> REPORTED CANCER] Were you diagnosed with a third kind of cancer?

Q215D [FOLLOWING 3<sup>RD</sup> REPORTED CANCER] Were you diagnosed with a fourth kind of cancer?

Q215E [FOLLOWING 4<sup>TH</sup> REPORTED CANCER] Were you diagnosed with a fifth kind of cancer?

1 yes → Q2\_15B2 [ITERATE UP TO FIVE CANCERS]

2 no

3 don't know/refused

Q2\_10 Have you ever had any of your large bowel or colon removed?

- 1 yes
- 2 no → Q2\_11
- 3 don't know/refused → Q2\_11

Q2\_101 [IF YES] Was it completely removed, or was only part of it removed?

- 1 completely removed
- 2 partially removed
- 3 don't know/refused

Q2\_102 When did you **first** have any of your bowel or colon removed?

Q2\_102A 1 age at first operation: \_\_\_\_ \_\_\_\_

*or*

Q2\_102B 2 year of first operation: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_102C 3 it was first operated on \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_103 Have you had more than one surgery to remove your bowel or colon?

- 1 yes
- 2 no → Q2\_11
- 3 don't know/refused → Q2\_11

Q2\_1031 [IF YES] When did you **last** have this operation to remove all or part of your bowel or colon?

Q2\_1031A 1 age at first operation: \_\_\_\_ \_\_\_\_

*or*

Q2\_1031B 2 year of first operation: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_1031C 3 it was first operated on \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_11 Have you had your gallbladder removed?

- 1 yes
- 2 no → Q2\_16\_
- 3 don't know/refused → Q2\_16\_

Q2\_111 [IF YES] When did you have your gallbladder removed?

Q2\_111A 1 age at operation: \_\_\_\_ \_\_\_\_

*or*

Q2\_111B 2 year of operation: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*or*

Q2\_111C 3 it was removed \_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q2\_16\_ Now I'd like to ask you some questions about the **medications** you may have taken.

Q2\_16A Have you ever taken **aspirin**, such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin, at least twice a week for more than a month?

- 1 yes
- 2 no → Q2\_16B
- 3 don't know/refused → Q2\_16B

Q2\_16A3 [IF YES] How often did you take it? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

Q2\_16A4 1 \_\_\_ \_\_\_ times per day

Q2\_16A5 2 \_\_\_ \_\_\_ times per week

3 don't know/refused

Q2\_16A29 About 2 years ago, were you taking it regularly?

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_16A7 In total, how many months or years did you take aspirin?

Q2\_16A8 1 \_\_\_ \_\_\_ number months

*or*

Q2\_16A9 2 \_\_\_ \_\_\_ number of years

3 don't know/refused

Q2\_16B Have you ever taken **acetaminophen**, such as Tylenol, Anacin-3, or Panadol, at least twice a week for more than a month?

- 1 yes
- 2 no → Q2\_16C
- 3 don't know/refused → Q2\_16C

Q2\_16B3 [IF YES] How often did you take it? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

Q2\_16B4 1 \_\_\_ \_\_\_ times per day

Q2\_16B5 2 \_\_\_ \_\_\_ times per week

3 don't know/refused

Q2\_16B29 About 2 years ago, were you taking it regularly?

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_16B7 In total, how many months or years did you take acetaminophen?

- Q2\_16B8 1 \_\_\_\_ number months  
*or*  
 Q2\_16B9 2 \_\_\_\_ number of years  
 3 don't know/refused

Q2\_16C Have you ever taken a **NSAIDS-type of medication** such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least twice a week for more than a month?  
 [PROMPT: NSAIDS ARE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS]

- 1 yes  
 2 no → Q2\_16D  
 3 don't know/refused → Q2\_16D

Q2\_16C3 [IF YES] How often did you take it? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

- Q2\_16C4 1 \_\_\_\_ times per day  
 Q2\_16C5 2 \_\_\_\_ times per week  
 3 don't know/refused

Q2\_16C29 About 2 years ago, were you taking it regularly?

- 1 yes  
 2 no  
 3 don't know/refused

Q2\_16C7 In total, how many months or years did you take an NSAIDS-type of medications?

- Q2\_16C8 1 \_\_\_\_ number months  
*or*  
 Q2\_16C9 2 \_\_\_\_ number of years  
 3 don't know/refused

Q2\_16D Have you ever taken **bulk-forming laxatives** [SUCH AS METAMUCIL, CITRUCEL, FIBERCON, SERUTAN, OR PSYLLIUM], at least twice a week for more than a month?

- 1 yes  
 2 no → Q2\_16E  
 3 don't know/refused → Q2\_16E

Q2\_16D1 [IF YES] How often did you take it? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

- Q2\_16D2 1 \_\_\_\_ times per day  
 Q2\_16D3 2 \_\_\_\_ times per week  
 3 don't know/refused

Q2\_16D4 About 2 years ago, were you taking it regularly?

- 1 yes  
 2 no  
 3 don't know/refused

Q2\_16D5 In total, how many months or years did you take bulk forming laxatives?



- Q2\_16D6 1 \_\_\_\_ number months  
*or*  
Q2\_16D7 2 \_\_\_\_ number of years  
3 don't know/refused

- Q2\_16E Have you ever taken **other laxatives** [SUCH AS EX-LAX, CORRECTOL, DULCOLAX, SENOKOT, COLACE, CASTOR OIL, COD LIVER OIL, MINERAL OIL, MILK OF MAGNESIA, LACTULOSE, EPSOM SALTS] at least twice a week for more than a month?
- 1 yes
  - 2 no → Q2\_16F
  - 3 don't know/refused → Q2\_16F
- Q2\_16E1 [IF YES] How often did you take them? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]
- Q2\_16E2 1 \_\_\_ \_\_\_ times per day
- Q2\_16E3 2 \_\_\_ \_\_\_ times per week
- 3 don't know/refused
- Q2\_16E4 About 2 years ago, were you taking them regularly?
- 1 yes
  - 2 no
  - 3 don't know/refused
- Q2\_16E5 In total, how many months or years did you take other laxatives?
- Q2\_16E6 1 \_\_\_ \_\_\_ number months
- or*
- Q2\_16E7 2 \_\_\_ \_\_\_ number of years
- 3 don't know/refused
- Q2\_16F Have you ever taken **multivitamin pills or tablets** [NOT INDIVIDUAL VITAMINS] at least twice a week for more than a month?
- 1 yes
  - 2 no → Q2\_16G
  - 3 don't know/refused → Q2\_16G
- Q2\_16F1 [IF YES] How often did you take them? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]
- Q2\_16F2 1 \_\_\_ \_\_\_ times per day
- Q2\_16F3 2 \_\_\_ \_\_\_ times per week
- 3 don't know/refused
- Q2\_16F4 About 2 years ago, were you taking them regularly?
- 1 yes
  - 2 no
  - 3 don't know/refused
- Q2\_16F5 In total, how many months or years did you take multivitamin pills or tablets?
- Q2\_16F6 1 \_\_\_ \_\_\_ number months
- or*
- Q2\_16F7 2 \_\_\_ \_\_\_ number of years
- 3 don't know/refused

Q2\_16G Have you ever taken **folic acid or folate pills or tablets** at least twice a week for more than a month?

- 1 yes
- 2 no → Q2\_16H
- 3 don't know/refused → Q2\_16H

Q2\_16G1 [IF YES] How often did you take them? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

- Q2\_16G2 1 \_\_\_ \_\_\_ times per day
- Q2\_16G3 2 \_\_\_ \_\_\_ times per week
- 3 don't know/refused

Q2\_16G4 About 2 years ago, were you taking them regularly?

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_16G5 In total, how many months or years did you take folic acid or folate pills or tablets?

- Q2\_16G6 1 \_\_\_ \_\_\_ number months
- or*
- Q2\_16G7 2 \_\_\_ \_\_\_ number of years
- 3 don't know/refused

Q2\_16H Have you ever taken **calcium pills or tablets** [NOT INCLUDING ANTACIDS] at least twice a week for more than a month?

- 1 yes
- 2 no → Q2\_16I
- 3 don't know/refused → Q2\_16I

Q2\_16H1 [IF YES] How often did you take them? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

- Q2\_16H2 1 \_\_\_ \_\_\_ times per day
- Q2\_16H3 2 \_\_\_ \_\_\_ times per week
- 3 don't know/refused

Q2\_16H4 About 2 years ago, were you taking them regularly?

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_16H5 In total, how many months or years did you take calcium pills or tablets?

- Q2\_16H6 1 \_\_\_ \_\_\_ number months
- or*
- Q2\_16H7 2 \_\_\_ \_\_\_ number of years
- 3 don't know/refused

Q2\_16I Have you ever taken **calcium-based antacids** [SUCH AS TUMS, ROLAIDS, EXTRA-STRENGTH ROLAIDS, ALKA-MINTS, CHOOZ ANTACID GUM] at least twice a week for more than a month?

- 1 yes
- 2 no AND R is female → Q3\_  
no AND R is male → Q4\_
- 3 don't know/refused AND R is female → Q3\_  
don't know/refused AND R is male → Q4\_

Q2\_16I1 [IF YES] How often did you take them? [PROMPT WHENEVER NEEDED: REGULARLY = 2X/WEEK]

- Q2\_16I2 1 \_\_\_ \_\_\_ times per day
- Q2\_16I3 2 \_\_\_ \_\_\_ times per week
- 3 don't know/refused

Q2\_16I4 About 2 years ago, were you taking them regularly?

- 1 yes
- 2 no
- 3 don't know/refused

Q2\_16I5 In total, how many months or years did you take calcium-based antacids?

- Q2\_16I6 1 \_\_\_ \_\_\_ number months
- or*
- Q2\_16I7 2 \_\_\_ \_\_\_ number of years
- 3 don't know/refused

**[IF R IS FEMALE → Q3\_]**

**[IF R IS MALE → Q4\_]**

**[IF R IS CONTROL AND REPORTS HAVING BEEN DIAGNOSED WITH EITHER COLON, RECTAL, OR COLORECTAL CANCER IN QUESTION Q215A2A1 → SKIP TO SECTION 9; COMPLETE SECTIONS 9 AND 10, AND Q11\_2 OF SECTION 11]**

**SECTION 3: MENSTRUATION, REPRODUCTIVE HISTORY, MENOPAUSE**  
**[IF R IS MALE, SKIP SECTION 3 → Q4\_ ]**

Q3\_ This next series of questions are about menstruation and pregnancy.

Q3\_1 How old were you when you had your **first** menstrual period?

\_\_\_\_ years of age  
don't know/refused = 99  
never had menstrual period = 0

Q3\_2 Have you ever been pregnant?

- 1 yes
- 2 no → Q3\_3
- 3 don't know/refused → Q3\_3

Q3\_21 [IF YES] How many times have you been pregnant? Please include miscarriages, stillbirths, tubal pregnancies and abortions.  
[PROMPT: IF CURRENTLY PREGNANT, EXCLUDE YOUR CURRENT PREGNANCY.]  
[PROMPT: ARE YOU CURRENTLY PREGNANT FOR THE FIRST TIME?]

\_\_\_\_ number of pregnancies  
currently pregnant for the first time = 97, → Q3\_3  
don't know/refused = 99

Q3\_22 Were you ever pregnant with more than one baby?  
[PROMPT: TWINS, TRIPLETS, OR MORE.]  
[IF YES] How many times?

\_\_\_\_ number of pregnancies with multiples  
none = 00  
don't know/refused = 99

Q3\_23 How many of your pregnancies lasted 6 months or longer?  
[PROMPT: PREGNANCY USUALLY LASTS 9 MONTHS. SIX MONTHS IS ABOUT THE EARLIEST A BABY COULD SURVIVE.]

\_\_\_\_ number of pregnancies  
none = 00  
don't know/refused = 99

Q3\_24 How many of your pregnancies resulted in live births?

\_\_\_\_ number of pregnancies  
none = 00  
don't know/refused = 99

Q3\_241 [IF THE ANSWER TO Q3\_24 IS 1 OR MORE] How old were you at the **first** live birth?

- Q3\_241A 1 age at first birth: \_\_\_\_
- or
- Q3\_241B 2 year of first birth: \_\_\_\_\_
- or
- Q3\_241C 3 I first gave birth \_\_\_\_ years ago
- 4 don't know/refused

Q3\_242 [IF THE ANSWER TO Q3\_24 IS > 1] How old were you at the **last** live birth?

Q3\_242A 1 age at last birth: \_\_\_ \_\_\_

*or*

Q3\_242B 2 year of last birth: \_\_\_ \_\_\_ \_\_\_ \_\_\_

*or*

Q3\_242C 3 I last gave birth \_\_\_ \_\_\_ years ago

4 don't know/refused

Q3\_3 Have you ever used **birth control pills** or other hormonal contraceptives **for one year or longer**?

1 yes

2 no → Q3\_4

3 don't know/refused → Q3\_4

Q3\_31 [IF YES] How old were you when you **first** used hormonal contraceptives?

Q3\_31A 1 age at first use: \_\_\_ \_\_\_

*or*

Q3\_31B 2 year of first use: \_\_\_ \_\_\_ \_\_\_ \_\_\_

*or*

Q3\_31C 3 I first used them \_\_\_ \_\_\_ years ago

4 don't know/refused

Q3\_32 [PROMPT: ONLY IF FIRST TOOK IT >2 YEARS AGO] Were you still using them about two years ago?

1 yes

2 no

3 don't know/refused

Q3\_33 In total, how many years did you take hormonal contraceptives?

\_\_\_ \_\_\_ number of years

If less than 1 year, record as 0.

don't know/refused = 99

Q3\_4 Have you had a **menstrual** period in the last 12 months?

[PROMPT: ONLY **MENSTRUAL** BLEEDING IS OF INTEREST. DO NOT INCLUDE BLEEDING THAT RESULTS FROM HORMONE REPLACEMENT THERAPY (HRT) OR PROGESTERONE, PROGESTINS, OR WITHDRAWAL BLEEDING.]

1 yes → Q3\_431A0

2 no

3 don't know/refused → Q3\_431A0

Q3\_41 [IF NO] Have your menstrual periods stopped permanently, or only temporarily due to pregnancy, breast-feeding, or other conditions?

1 permanently → Q3\_42

2 temporarily → Q3\_431A0

3 don't know/refused → Q3\_431A0

Q3\_42 How old were you when your periods stopped permanently?

Q3\_42A 1 age when periods stopped: \_\_\_\_

*or*

Q3\_42B 2 year when periods stopped: \_\_\_\_

*or*

Q3\_42C 3 periods stopped \_\_\_\_ years ago

4 don't know/refused

Q3\_43A Why did your menstrual periods stop permanently? [MARK ONE]

1 natural menopause → Q3\_431A0

2 gynecologic surgery → Q3\_431A1

3 radiation or chemotherapy → Q3\_432, then Q3\_431A0

4 other (specify): \_\_\_\_\_ → Q3\_433, then Q3\_431A0

6 don't know/refused → Q3\_431A0

Q3\_432 [IF YES TO HAVING RADIATION OR CHEMOTHERAPY]

When did you **first** have radiation or chemotherapy?

Q3\_432A 1 age when radiation/chemotherapy was given: \_\_\_\_

*or*

Q3\_432B 2 year when radiation/chemotherapy was given:

\_\_\_\_

*or*

Q3\_432C 3 I had radiation/chemotherapy \_\_\_\_ years ago

4 don't know/refused

[GO TO Q3\_431A0 ("Have you ever had gynecological surgery")]

Q3\_433 [IF YES TO HAVING "OTHER" SPECIFIED CONDITION OR TREATMENT WHICH MADE HER PERIODS STOP PERMANENTLY]

When did you **first** have ["other"]?

Q3\_433A 1 age when ["OTHER"] occurred: \_\_\_\_

*or*

Q3\_433B 2 year when ["OTHER"] occurred: \_\_\_\_

*or*

Q3\_433C 3 the ["OTHER"] occurred \_\_\_\_ years ago

4 don't know/refused

[GO TO Q3\_431A0 ("Have you ever had gynecological surgery")]

Q3\_431A0 Have you ever had **gynecological surgery**?

1 yes → Q3\_431A1

2 no → Q3\_5\_

3 don't know/refused → Q3\_5\_

Q3\_431A1 [IF YES] What type of gynecologic surgery did you have?

<p>1 hysterectomy along with one ovary or partial ovary</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>
<p>2 hysterectomy along with both ovaries</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>
<p>3 hysterectomy only [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED]</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>
<p>4 one ovary was removed, in whole or part, without hysterectomy</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>
<p>5 both ovaries were removed, without hysterectomy</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>
<p>6 other: _____</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>
<p>7 don't know</p>	<p>Q3_431A2 When did you <b>first</b> have this surgery?          Q3_431A3 age when this surgery was done: _____  <i>or</i>          Q3_431A4 year when this surgery was done: _____  <i>or</i>          Q3_431A5 this surgery was done _____ years ago          don't know/refused</p>



Q3\_431B Did you have any other gynecologic surgeries?

1 yes → Q3\_431B1

2 no → Q3\_5

3 don't know/refused → Q3\_5

Q3\_431B1 [IF YES] What type of surgery did you have?

1 hysterectomy along with one ovary or partial ovary	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>
2 hysterectomy along with both ovaries	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>
3 hysterectomy only [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED]	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>
4 one ovary was removed, in whole or part, without hysterectomy	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>
5 both ovaries were removed, without hysterectomy	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>
6 other: _____	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>
7 don't know	<p>Q3_431B2 When did you have this surgery?          Q3_431B3 age when this surgery was done: _____  <i>or</i>          Q3_431B4 year when this surgery was done: _____  <i>or</i>          Q3_431B5 this surgery was done _____ years ago          don't know/refused</p>

Q3\_5\_ Doctors prescribe **hormone replacement treatment** for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention.

Q3\_5 Have you ever used a pill, patch, or implant form of hormone replacement therapy for 6 months or longer?  
[PROMPT: MENOPAUSAL SYMPTOMS INCLUDE HOT FLASHES, SWEATING, AND DEPRESSION.]  
[PROMPT: PLEASE DO NOT INCLUDE: HORMONE THERAPY THAT WAS PRESCRIBED FOR BIRTH CONTROL; HORMONE THERAPY DELIVERED BY INJECTIONS, VAGINAL CREAMS, OR VAGINAL SUPPOSITORIES]

- 1 yes
- 2 no → Q3\_6
- 3 don't know/refused → Q3\_6

Q3\_51 [IF YES] Were you still having **menstrual** periods when you **first** took these hormones?

- 1 yes
- 2 no
- 3 don't know/refused

Q3\_52 First I will ask about **estrogen therapy**. Were you ever prescribed an estrogen pill or patch (such as Premarin) that you used for 6 months or longer?

- 1 yes
- 2 no → Q3\_53\_
- 3 don't know/refused → Q3\_53\_

Q3\_521 [IF YES] How old were you when you **first** took estrogen medication?

Q3\_521A 1 age when first taken: \_\_\_\_ \_\_\_\_  
*or*

Q3\_521B 2 year first taken: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q3\_521C 3 I first took estrogen-only hormone therapy \_\_\_\_ \_\_\_\_ years ago  
4 don't know/refused

Q3\_522 [PROMPT: ONLY IF FIRST TOOK IT >2 YEARS AGO] Were you still using estrogen medication about two years ago?

- 1 yes
- 2 no
- 3 don't know/refused

Q3\_523 In total, how many months or years did you take estrogen medication?

Q3\_523A 1 number of months \_\_\_\_ \_\_\_\_

Q3\_523B 2 number of years \_\_\_\_ \_\_\_\_

3 don't know/refused

Q3\_53\_ **Progesterone or progestin** is frequently prescribed by doctors alone or along with estrogen. Some common brands are Provera, Prem-Pro, and Prometrium.

Q3\_53 Have you ever taken progesterone or progestin alone or along with estrogens for menopause or other reasons for 6 months or longer?

- 1 yes
- 2 no → Q3\_54\_
- 3 don't know/refused → Q3\_54\_

Q3\_531 [IF YES] How old were you when you **first** took this medication?

Q3\_531A 1 age when first taken: \_\_\_\_ \_\_\_\_  
*or*

Q3\_531B 2 year first taken: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q3\_531C 3 I first took progesterone alone or along with estrogens  
\_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q3\_532 [PROMPT: ONLY IF FIRST TOOK IT >2 YEARS AGO] Were you still using this medication about two years ago?

- 1 yes
- 2 no
- 3 don't know/refused

Q3\_533 In total, how many months or years did you take progesterone or progestin?

Q3\_533A 1 number of months \_\_\_\_ \_\_\_\_

Q3\_533B 2 number of years \_\_\_\_ \_\_\_\_

3 don't know/refused

Q3\_54\_ **Testosterone** is sometimes prescribed by doctors alone, or along with estrogen.

Q3\_54 Have you ever taken testosterone, alone or along with estrogen for menopause or other reasons for 6 months or more?

- 1 yes
- 2 no → Q3\_6
- 3 don't know/refused → Q3\_6

Q3\_541 [IF YES] How old were you when you **first** took this medication?

Q3\_541A 1 age when first taken: \_\_\_\_ \_\_\_\_  
*or*

Q3\_541B 2 year first taken: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q3\_541C 3 I first took testosterone alone or along with estrogens  
\_\_\_\_ \_\_\_\_ years ago

4 don't know/refused

Q3\_542 [PROMPT: ONLY IF FIRST TOOK IT >2 YEARS AGO] Were you still using this medication about two years ago?

- 1 yes
- 2 no
- 3 don't know/refused

Q3\_543 In total, how many months or years did you take testosterone?

Q3\_543A 1 number of months \_\_\_\_ \_\_\_\_

Q3\_543B 2 number of years \_\_\_\_ \_\_\_\_

3 don't know/refused

- Q3\_6 Have you ever taken **tamoxifen, raloxifen**, or other anti-estrogen medication, for 6 months or longer?
- 1 yes → Q3\_61A
  - 2 no → Q4\_
  - 3 possibly (R has participated in a clinical trial for tamoxifen, raloxifene, or other anti-estrogen medication) → Q3\_61A
  - 4 don't know/refused → Q4\_
- Q3\_61A [IF YES OR POSSIBLY] Did you take tamoxifen or raloxifene, or do you know what the other anti-estrogen was? (mark all that apply)
- 1 tamoxifen
  - 2 raloxifene
  - 3 other: \_\_\_\_\_
  - 4 no more answers
  - 5 don't know/refused
- Q3\_62 How old were you when you **first** took this medication?
- Q3\_62A 1 age when any one of these medications was first taken: \_\_\_\_ \_\_\_\_  
or
- Q3\_62B 2 year when any one of these medications was first taken:  
\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
or
- Q3\_62C 3 I first took any one of these medications \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused
- Q3\_63 [PROMPT: ONLY IF FIRST TOOK IT >2 YEARS AGO] Were you taking this medication about two years ago?  
[PROMPT: TAKING ANY ONE OF THESE MEDICATIONS.]
- 1 yes
  - 2 no
  - 3 don't know/refused
- Q3\_64 In total, how many months or years did you take tamoxifen, raloxifene or other anti-estrogen medication?  
[PROMPT: TAKING ANY ONE OF THESE MEDICATIONS.]  
[PROMPT: IF YOU TOOK MORE THAN ONE OF THESE MEDICATIONS, PLEASE ADD UP TOGETHER ALL OF THE TIME YOU TOOK ANY OF THE MEDICATIONS.]
- Q3\_64A 1 number of months \_\_\_\_ \_\_\_\_
- Q3\_64B 2 number of years \_\_\_\_ \_\_\_\_
- 3 don't know/refused

**SECTION 4: FAMILY HISTORY**

**HRT ONLY (OUTSIDE KING, SNOHOMISH, PIERCE COUNTIES) AND ALL RELATIVES IN LOW AND INTERMEDIATE RISK FAMILIES**

Q4\_ Now I have some questions about the health history of some of your family members. We are only interested in relatives who are related to you by blood, including half-siblings. This does not include adopted relatives, or relatives by marriage. [PROMPT: HALF SIBLINGS ARE INDIVIDUALS WHO HAVE EITHER THE SAME MOTHER OR THE SAME FATHER, BUT DO NOT SHARE BOTH PARENTS WITH YOU.]

- Q41 Were you adopted?
- 1 yes
  - 2 no/not that I'm aware of → Q43
  - 3 don't know/refused → Q43

- Q411 [IF YES] Do you know anything about the medical history of your blood relatives?
- 1 yes
  - 2 no → Q445
  - 3 don't know/refused → Q445

- Q43 Have any of your **relatives** ever been diagnosed with cancer? They may be living or deceased.
- 1 yes
  - 2 no/not that I'm aware of → Q4431
  - 3 don't know/refused → Q4431

Q43A1 [IF YES] Who was the relative affected?

\_\_\_\_\_

[paternal uncle Bob, maternal aunt Diane, etc.]

Q43A2 What type of cancer was it?

Q43B2 [FOR 2<sup>ND</sup> CANCER FOR RELATIVE] What was the second type of cancer?

Q43C2 [FOR 3<sup>RD</sup> CANCER FOR RELATIVE] What was the third type of cancer?

Q43D2 [FOR 4<sup>TH</sup> CANCER FOR RELATIVE] What was the fourth type of cancer?

Q43E2 [FOR 5<sup>TH</sup> CANCER FOR RELATIVE] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q431A20T [IF 40–OTHER CANCER WAS REPORTED] What type of cancer was it?

\_\_\_\_\_

[RECORD TYPE OF CANCER REPORTED]

Q43A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

1. COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q43A2A1
2. SKIN CANCER → Q43A4
3. OTHER TYPE OF CANCER → Q43A5
4. OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q43B/C/D/E

Q43A2A1 What specific type of cancer was it?

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/refused

[SKIP TO Q43A5]

Q43A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED

[CONTINUE WITH Q43A5]

Q43A5 What was the relative's age at diagnosis: \_\_\_\_ \_\_\_\_  
don't know = 99

Q43A6 How long ago was it diagnosed?

Q43A7 1 year of diagnoses: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q43A8 2 relative was diagnosed \_\_\_\_ \_\_\_\_ years ago

3 don't know/refused

Q43B [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had this relative been diagnosed with a second kind of cancer?

Q43C [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had this relative been diagnosed with a third kind of cancer?

Q43D [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had this relative been diagnosed with a fourth kind of cancer?

Q43E [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had this relative been diagnosed with a fifth kind of cancer?

1 yes → Q43B2 [ITERATE UP TO FIVE CANCERS FOR SAME RELATIVE]

2 no → Q43F

3 don't know/refused → Q43F

Q43F Have any other relatives been diagnosed with cancer?

1 yes → Q43A1

[CONTINUE ITERATIONS FOR ADDITIONAL RELATIVES]

2 no

3 don't know/refused

Q4431 Do you have any **full brothers or sisters**? They may be living or deceased.  
[PROMPT: THESE ARE OTHER CHILDREN THAT *BOTH* YOUR MOTHER AND YOUR FATHER HAD TOGETHER.]

- 1 yes
- 2 no → Q4432
- 3 don't know/refused → Q4432

Q4431A [IF YES] How many full brothers do you have? \_\_\_\_

Q4431B [IF YES] How many full sisters do you have? \_\_\_\_

Q4432 Do you have any **half brothers or sisters**? They may be living or deceased.  
[PROMPT: THESE ARE OTHER CHILDREN THAT *EITHER* YOUR MOTHER OR YOUR FATHER HAD, BUT NOT TOGETHER.]

- 1 yes
- 2 no → Q445
- 3 don't know/refused → Q445

Q4432A [IF YES] How many half brothers do you have? \_\_\_\_

Q4432B [IF YES] How many half sisters do you have? \_\_\_\_

Q445 Do you have any **biological children**? They may be living or deceased.  
[PROMPT: WE ARE INTERESTED IN CHILDREN WHO ARE RELATED TO YOU BY BLOOD, NOT ADOPTED CHILDREN, STEP-CHILDREN OR FOSTER CHILDREN.]

- 1 yes
- 2 no → Q5
- 3 don't know/refused → Q5

Q44511 [IF YES] How many biological sons do you have? \_\_\_\_

Q44511X [IF YES] How many biological daughters do you have? \_\_\_\_

**GO TO → Q5, DIET**



**SECTION 4: FAMILY HISTORY**  
**SFR PARTICIPANTS, SFR RELATIVES IN HIGH RISK FAMILIES AND HRT (LIVING INSIDE KING, SNOHOMISH, PIERCE COUNTIES)**

Q4\_ Now I have some questions about the health history of some of your family members. We are only interested in relatives who are related to you by blood, including half-siblings. This does not include adopted relatives, or relatives by marriage. [PROMPT: HALF SIBLINGS ARE INDIVIDUALS WHO HAVE EITHER THE SAME MOTHER OR THE SAME FATHER, BUT DO NOT SHARE BOTH PARENTS WITH YOU.]

- Q41 Were you adopted?
- 1 yes
  - 2 no/not that I'm aware of → Q441
  - 3 don't know/refused → Q441

- Q411 [IF YES] Do you know anything about the medical history of your blood relatives?
- 1 yes
  - 2 no → Q445
  - 3 don't know/refused → Q445

Q441 When was your **mother** born?

- Q441A 1 Fill in date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_
- 13 don't know month
  - 32 don't know day
- or*

- Q441B 2 current age: \_\_\_ years
- 3 don't know/refused

- Q441C Is she still living?
- 1 yes → Q441J
  - 2 no
  - 3 don't know/refused → Q441J

- Q441D [IF DECEASED] When did she die?
- Q441E 1 \_\_\_\_\_ year
- or*
- Q441F 2 at \_\_\_\_\_ years
- or*
- Q441G 3 she died \_\_\_\_\_ years ago
- 4 don't know/refused

- Q441H In what city and state did she die?
- Q441H: city: \_\_\_\_\_
- Q441I: state: \_\_\_\_\_
- don't know/refused = blank

Q441J Was she ever diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → Q442
- 3 don't know/refused → Q442

Q441A2 [IF YES] What type of cancer was it?

Q441B2 [FOR 2<sup>nd</sup> CANCER FOR MOTHER] What was the second type of cancer?

Q441C2 [FOR 3<sup>rd</sup> CANCER FOR MOTHER] What was the third type of cancer?

Q441D2 [FOR 4<sup>th</sup> CANCER FOR MOTHER] What was the fourth type of cancer?

Q441E2 [FOR 5<sup>th</sup> CANCER FOR MOTHER] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q441A20T [IF 40–OTHER CANCER WAS REPORTED] What type of cancer was it?

[RECORD TYPE OF CANCER REPORTED]

Q441A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q441A2A1
- 2 SKIN CANCER → Q441A4
- 3 OTHER TYPE OF CANCER → Q441A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q441B0

Q441A2A1 What specific type of cancer was it? [MARK ONE]

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/ refused  
[SKIP TO Q441A5]

Q441A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED

- [CONTINUE WITH Q441A5]
- Q441A5 What was her age at diagnosis?: \_\_\_\_ \_\_\_\_  
don't know/refused = 99
- Q441A6 How long ago was it diagnosed?
- Q441A7 1 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ *or*
- Q441A8 2 she was diagnosed \_\_\_\_ \_\_\_\_ years ago
- 3 don't know/refused
- Q441B0 [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had your mother been diagnosed with a second kind of cancer?
- Q441C0 [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had your mother been diagnosed with a third kind of cancer?
- Q441D0 [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had your mother been diagnosed with a fourth kind of cancer?
- Q441E0 [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had your mother been diagnosed with a fifth kind of cancer?
- 1 yes → Q441B2 [ITERATE UP TO FIVE CANCERS]
- 2 no → Q442
- 3 don't know/refused → Q442

Q442 When was your **father** born?

- Q442A 1 Fill in date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_
- 13 don't know month
- 32 don't know day
- or*

- Q442B 2 current age: \_\_\_\_ \_\_\_\_ years
- 3 don't know/refused

- Q442C Is he still living?
- 1 yes → Q442J
- 2 no
- 4 don't know/refused → Q442J

Q442D [IF DECEASED] When did he die?

- Q442E 1 \_\_\_\_ \_\_\_\_ \_\_\_\_ year
- or*
- Q442F 2 at \_\_\_\_ \_\_\_\_ years
- or*
- Q442G 3 he died \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused

Q442H In what city and state did he die?

Q442H city: \_\_\_\_\_

Q442I state: \_\_\_\_\_

don't know/refused = blank

Q442J Was he ever diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → Q4431
- 3 don't know/refused → Q4431

Q442A2 [IF YES] What type of cancer was it?

Q442B2 [FOR 2<sup>nd</sup> CANCER FOR FATHER] What was the second type of cancer?

Q442C2 [FOR 3<sup>rd</sup> CANCER FOR FATHER] What was the third type of cancer?

Q442D2 [FOR 4<sup>th</sup> CANCER FOR FATHER] What was the fourth type of cancer?

Q442E2 [FOR 5<sup>th</sup> CANCER FOR FATHER] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q442A20T [IF 40 – OTHER CANCER WAS REPORTED] What type of cancer was it?

[RECORD TYPE OF CANCER REPORTED]

Q442A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q442A2A1
- 2 SKIN CANCER → Q442A4
- 3 OTHER TYPE OF CANCER → Q442A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q442B0

Q442A2A1 What specific type of cancer was it?

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/ refused  
[SKIP TO Q442A5]

Q442A4 Was it melanoma or some other type of skin cancer?

1. MELANOMA
2. OTHER SKIN CANCER
3. DON'T KNOW/REFUSED  
[CONTINUE WITH Q442A5]

Q442A5 What was his age at diagnosis?: \_\_\_\_ \_\_\_\_  
don't know/refused = 99

Q442A6 How long ago was it diagnosed?

Q442A7 1 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ *or*

Q442A8 2 he was diagnosed \_\_\_\_ \_\_\_\_ years ago

3 don't know/refused

Q442B0 [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had your father been diagnosed with a second kind of cancer?

Q442C0 [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had your father been diagnosed with a third kind of cancer?

Q442D0 [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had your father been diagnosed with a fourth kind of cancer?

Q442E0 [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had your father been diagnosed with a fifth kind of cancer?

1 yes → Q442B2 [ITERATE UP TO FIVE CANCERS]

2 no → Q4431

3 don't know/refused → Q4431

Q4431 Do you have any **full brothers or sisters**? They may be living or deceased.  
[PROMPT: THESE ARE OTHER CHILDREN THAT *BOTH* YOUR MOTHER AND YOUR FATHER HAD TOGETHER.]

1 yes

2 no → Q4432

3 don't know/refused → Q4432

Q4431A [IF YES] How many brothers do you have? \_\_\_\_ \_\_\_\_ number of full brothers

Q4431B [IF YES] How many sisters do you have? \_\_\_\_ \_\_\_\_ number of full sisters

Q4432 Do you have any **half-brothers or sisters**? They may be living or deceased.  
[PROMPT: THESE ARE OTHER CHILDREN THAT *EITHER* YOUR MOTHER OR YOUR FATHER HAD, BUT NOT TOGETHER]

1 yes

2 no AND no to Q4432 (R has no siblings--full or half) → Q445

*or*

no AND yes to Q4432 (R has only full siblings) → Q4440

3 don't know/refused AND no to Q4432 (R has no siblings--full or half) → Q445

*or*

don't know/refused AND yes to Q4432 (R has only full siblings) → Q4440

Q4432A [IF YES] How many half brothers do you have? \_\_\_\_ \_\_\_\_ number of half brothers

Q4432B [IF YES] How many half sisters do you have? \_\_\_\_ \_\_\_\_ number of half sisters

Q4440 Have any of your siblings ever been diagnosed with cancer [INCLUDING FULL- AND HALF-SIBLINGS]?

1 yes

2 no [SKIP QUESTIONS Q444AO THROUGH Q444E8]

3 don't know/refused [SKIP QUESTIONS Q444AO THROUGH Q444E8]

Q444 [IF YES TO EITHER Q4431 OR Q4432 (R HAS FULL OR HALF SIBLINGS)]:  
 [FOR FIRST SIBLING] Starting with your oldest sibling. . .  
 [FOR SUBSEQUENT SIBLINGS] Continuing with your next oldest sibling.] . . .  
 . . . is this a full brother/sister or a half brother/sister?

- 1 full brother
- 2 full sister
- 3 half brother
- 4 half sister

Q444\_0 What is his/her name? \_\_\_\_\_  
 don't know = blank

<p>Q444_1 When was s/he born?</p> <p>1 birthdate: Q444_2 month: ___ __          Q444_2DD day: ___ __          Q444_2YY year: ___ __ __ __</p> <p style="text-align: center;"><i>or</i></p> <p>2 age: Q444_3 current age: ___ __ yrs</p> <p>3 don't know/refused</p>	<p>Q444_3A [IF A HALF-SIBLING ONLY]</p> <p>Did s/he have the same mother as you?</p> <ol style="list-style-type: none"> <li>1 yes</li> <li>2 no</li> <li>3 don't know/refused</li> </ol>	<p>Q444_4 Is s/he still living?</p> <ol style="list-style-type: none"> <li>1 yes → Q444A0</li> <li>2 no → Q444_5</li> <li>3 don't know → Q444A0</li> </ol>	<p>Q444_5 [IF DECEASED] When did s/he die?</p> <p>Q444_6 1 ___ __ __ __  <i>or</i>          Q444_7 2 at ___ __ years  <i>or</i>          Q444_8 3 s/he died ___ __ yrs ago          4 don't know/refused</p> <p>Q444_9 In what city and state did s/he die?</p> <p>Q444_9 city: _____</p> <p>Q444_10 state: _____</p> <p style="text-align: right;">don't know/refused = blank</p>
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Q444A0 [ONLY IF "YES" TO Q4440] Was s/he ever diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → Q444
- 3 don't know/refused → Q444

Q444A2 [IF YES] What type of cancer was it?  
 Q444B2 [FOR 2<sup>nd</sup> CANCER FOR SIBLING] What was the second type of cancer?  
 Q444C2 [FOR 3<sup>rd</sup> CANCER FOR SIBLING] What was the third type of cancer?  
 Q444D2 [FOR 4<sup>th</sup> CANCER FOR SIBLING] What was the fourth type of cancer?  
 Q444E2 [FOR 5<sup>th</sup> CANCER FOR SIBLING] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)

Q444A20T [IF 40–OTHER CANCER WAS REPORTED] What type of cancer was it?

[RECORD TYPE OF CANCER REPORTED]

Q444A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q444A2A1
- 2 SKIN CANCER → Q444A4
- 3 OTHER TYPE OF CANCER → Q444A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q444B/C/D/E

Q444A2A1 What specific type of cancer was it? [MARK ONE]

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/ refused  
[SKIP TO Q444A5]

Q444A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED  
[CONTINUE WITH Q444A5]

Q444A5 What was her/his age at diagnosis?: \_\_\_\_ \_\_\_\_  
don't know/refused = 99

Q444A6 How long ago was it diagnosed?

Q444A7 1 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

- Q444A8 2 s/he was diagnosed \_\_\_\_ \_\_\_\_ years ago  
3 don't know/refused

Q444B [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a second kind of cancer?

Q444C [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a third kind of cancer?

Q444D [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a fourth kind of cancer?

Q444E [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a fifth kind of cancer?

- 1 yes → Q444B2 [ITERATE UP TO FIVE CANCERS]
- 2 no → Q444 or Q445 (if no more siblings)
- 3 don't know/refused → Q444 or Q445 (if no more siblings)

Q445 Do you have **biological children**? They may be living or deceased.  
 [PROMPT: WE ARE INTERESTED IN CHILDREN WHO ARE RELATED TO YOU BY BLOOD, NOT ADOPTED CHILDREN, STEP-CHILDREN OR FOSTER CHILDREN.]

- 1 yes
- 2 no → Q46\_
- 3 don't know/refused → Q46\_

Q4451 [IF YES] Do these children all have the same two parents (you and your spouse/partner)?

- 1 yes → Q44511
- 2 no → Q44512

[IF YES, ALL CHILDREN HAVE THE SAME PARENTS]

Q44511 How many sons do you have? \_\_\_\_

Q44511X How many daughters do you have? \_\_\_\_

Q44510 Have any of your children ever been diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of [SKIP Q451A0 – Q451E8]
- 3 don't know/refused [SKIP Q451A0 – Q451E8]

Q4451A [FOR FIRST CHILD] Starting with the oldest child . . .

Q4451B [FOR SUBSEQUENT CHILDREN] Continuing with the next oldest child . . .  
 . . . is this a son or a daughter?

- 1 son
- 2 daughter

Q4451\_0 What is his/her name? \_\_\_\_\_  
 don't know/refused = blank

<p>Q4451_1 When was s/he born?</p> <p>1 birthdate: Q4451_2 month: ____          Q4451_DD day: ____          Q4451_YY year: ____  <i>or</i></p> <p>2 age: Q4451_3 current age: ____ yrs</p> <p>3 don't know/refused</p>	<p>Q4451_4 Is s/he still living?</p> <p>1 yes          →Q451A0</p> <p>2 no          →Q4451_5</p> <p>3 don't know/          refused          →Q451A0</p>	<p>Q4451_5 [IF DECEASED] When did s/he die?</p> <p>Q4451_6 1 _____  <i>or</i></p> <p>Q4451_7 2 at ____ years  <i>or</i></p> <p>Q4451_8 3 s/he died ____ yrs ago          4 don't know</p> <p>Q4451_9 In what city and state did s/he die?</p> <p>Q4451_9 city: _____</p> <p>Q4451_10 State: _____          don't know/refused = blank</p>
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Q451A0 [ONLY IF "YES" TO Q44510] Was s/he ever diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → Q4451B or Q46\_ (if no more children)
- 3 don't know/refused → Q4451B or Q46\_ (if no more children)

Q451A2 [IF YES] What type of cancer was it?

Q451B2 [FOR 2<sup>nd</sup> CANCER FOR CHILD] What was the second type of cancer?

Q451C2 [FOR 3<sup>rd</sup> CANCER FOR CHILD] What was the third type of cancer?

Q451D2 [FOR 4<sup>th</sup> CANCER FOR CHILD] What was the fourth type of cancer?

Q451E2 [FOR 5<sup>th</sup> CANCER FOR CHILD] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
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17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q451A20T [IF 40–OTHER CANCER WAS REPORTED] What was the type of cancer?

[RECORD TYPE OF CANCER REPORTED]

Q451A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q451A2A
- 2 SKIN CANCER → Q451A4
- 3 OTHER TYPE OF CANCER → Q451A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q451B/C/D/E

Q451A2A1 What specific type of cancer was it? [MARK ONE]

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/ refused  
[SKIP TO Q451A5]

Q451A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED  
[CONTINUE WITH Q451A5]

Q451A5 What was her/his age at diagnosis?: \_\_\_\_ \_\_\_\_  
don't know/refused = 99

Q451A6 How long ago was it diagnosed?

Q451A7 1 year of diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q451A8 2 he was diagnosed \_\_\_\_ \_\_\_\_ years ago

3 don't know/refused

Q451B [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a second kind of cancer?

Q451C [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a third kind of cancer?

Q451D [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fourth kind of cancer?

Q451E [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fifth kind of cancer?

1 yes → Q451B2 [ITERATE UP TO FIVE CANCERS]

2 no → Q4451B or Q46\_ (if no more children)

3 don't know/refused → Q4451B or Q46\_ (if no more children)

Q44512 [IF NO TO Q4451 (CHILDREN HAVE DIFFERENT PARENTS)]

Starting with the first person with whom you had children, how many sons and daughters did you have with this person?

Q44512 \_\_\_\_ \_\_\_\_ number of sons

Q44512X \_\_\_\_ \_\_\_\_ number of daughters

Q44520 Have any of these children ever been diagnosed with cancer?

1 yes

2 no/not that I'm aware of → [SKIP Q452A0 – Q452E8]

3 don't know → [SKIP Q452A0 – Q452E8]

Q4452A [FOR FIRST CHILD] Starting with the oldest child. . .

Q4452B [FOR SUBSEQUENT CHILDREN] Continuing with the next oldest child. . .  
. . . is this a son or a daughter?

1 son

2 daughter

Q44520 What is his/her name? \_\_\_\_\_

don't know/refused = blank

<p>Q4452_1 When was s/he born?</p> <p>1 birthdate: Q4452_2 month: __ __ Q4452_2DD day: __ __ Q4452_2YY year: __ __ __ __ <i>or</i></p> <p>2 age: Q4452_3 current age: __ __ yrs</p> <p>3 don't know/refused</p>	<p>Q4452_4 Is s/he still living?</p> <p>1 yes →Q452A0</p> <p>2 no →Q4452_5</p> <p>3 don't know/ refused →Q452A0</p>	<p>Q4452_5 [IF DECEASED] When did s/he die?</p> <p>Q4452_6 1 _____ <i>or</i></p> <p>Q4452_7 2 at __ __ years <i>or</i></p> <p>Q4452_8 3 s/he died __ __ yrs ago</p> <p>4 don't know</p> <p>In what city and state did s/he die?</p> <p>Q4452_9 city: _____</p> <p>Q4452_10 state: _____ don't know/refused = blank</p>
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Q452A0 [ONLY IF "YES" TO Q44520] Was s/he ever diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of  
[IF MORE CHILDREN WITH THIS PERSON → Q4452B]  
[IF NO MORE CHILDREN WITH THIS PERSON → Q44513]
- 3 don't know/refused  
[IF MORE CHILDREN WITH THIS PERSON → Q4452B]  
[IF NO MORE CHILDREN WITH THIS PERSON → Q44513]

Q452A2 [IF YES] What type of cancer was it?

Q452B2 [FOR 2<sup>nd</sup> CANCER FOR CHILD] What was the second type of cancer?

Q452C2 [FOR 3<sup>rd</sup> CANCER FOR CHILD] What was the third type of cancer?

Q452D2 [FOR 4<sup>th</sup> CANCER FOR CHILD] What was the fourth type of cancer?

Q452E2 [FOR 5<sup>th</sup> CANCER FOR CHILD] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q452A20T [IF 40-OTHER CANCER WAS REPORTED] What was the type of cancer?

[RECORD TYPE OF CANCER REPORTED]

Q452A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q452A2A1
- 2 SKIN CANCER → Q452A4
- 3 OTHER TYPE OF CANCER → Q452A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q452B/C/D/E

Q452A2A1 What specific type of cancer was it? [MARK ONE]

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/ refused

[SKIP TO Q452A5]

Q452A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED

[CONTINUE TO Q452A5]

Q452A5 What was her/his age at diagnosis?: \_\_\_\_  
don't know/refused = 99

Q452A6 How long ago was it diagnosed?

Q452A7 1 year of diagnosis: \_\_\_\_

or

Q452A8 2 s/he was diagnosed \_\_\_\_ years ago

3 don't know/refused

Q452B [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a second kind of cancer?

Q452C [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a third kind of cancer?

Q452D [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fourth kind of cancer?

Q452E [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fifth kind of cancer?

- 1 yes → Q4452B2 [ITERATE UP TO FIVE CANCERS]
- 2 no  
[IF MORE CHILDREN WITH THIS PERSON → Q4452B]  
[IF NO MORE CHILDREN WITH THIS PERSON → Q44513]
- 3 don't know /refused  
[IF MORE CHILDREN WITH THIS PERSON → Q4452B]  
[IF NO MORE CHILDREN WITH THIS PERSON → Q44513]

- Q44513 [FOR 2<sup>nd</sup> PARTNER WITH WHOM R HAD CHILDREN] Continuing with the next person with whom you had children, how many sons and daughters did you have with this person?
- Q44514X [FOR 3<sup>rd</sup> PARTNER WITH WHOM R HAD CHILDREN] Continuing with the third person with whom you had children, how many sons and daughters did you have with this person?
- Q44515X [FOR 4<sup>th</sup> PARTNER WITH WHOM R HAD CHILDREN] Continuing with the fourth person with whom you had children, how many sons and daughters did you have with this person?

Q44513 \_\_\_ \_\_\_ number of sons

Q44513X \_\_\_ \_\_\_ number of daughters

Q44530 Have any of these children ever been diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → [SKIP Q453A0 – Q453E8]
- 3 don't know/refused → [SKIP Q453A0 – Q453E8]

Q4453A [FOR FIRST CHILD] Starting with the oldest child. . .

Q4453B [FOR SUBSEQUENT CHILDREN] Continuing with the next oldest child. . .  
 . . . is this a son or a daughter?

- 1 son
- 2 daughter

Q44530 What is his/her name? \_\_\_\_\_  
 don't know/refused = blank

<p>Q4453_1 When was s/he born?</p> <p>1 birthdate: Q4453_2 month: ___ ___          Q4453_2DD day: ___ ___          Q4453_2YY year: ___ ___ ___ ___  <i>or</i></p> <p>2 age: Q4453_3 current age: ___ ___ yrs</p> <p>3 don't know/refused</p>	<p>Q4453_4 Is s/he still living?</p> <p>1 yes          → Q453A0</p> <p>2 no          → Q4453_5</p> <p>3 don't know/          refused          → Q453A0</p>	<p>Q4453_5 [IF DECEASED] When did s/he die?</p> <p>Q4453_6 1 ___ ___ ___ ___  <i>or</i></p> <p>Q4453_7 2 at ___ ___ years  <i>or</i></p> <p>Q4453_8 3 s/he died ___ ___ yrs ago          4 don't know/refused</p> <p>Q4453_9 In what city and state did s/he die?</p> <p>Q4453_9 City: _____</p> <p>Q4453_10 State: _____          don't know/refused = blank</p>
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Q453A0 [ONLY IF "YES" TO Q44530] Was s/he ever diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → Q4453B (if more children with this partner)  
 no/not that I'm aware of → Q44513 (if no more children with this partner)
- 3 don't know/refused → Q4453B (if more children with this partner)  
 don't know/refused → Q44513 (if no more children with this partner)

Q453A2 [IF YES] What type of cancer was it?

Q453B2 [FOR 2<sup>nd</sup> CANCER FOR CHILD] What was the second type of cancer?

Q453C2 [FOR 3<sup>rd</sup> CANCER FOR CHILD] What was the third type of cancer?

Q453D2 [FOR 4<sup>th</sup> CANCER FOR CHILD] What was the fourth type of cancer?

Q453E2 [FOR 5<sup>th</sup> CANCER FOR CHILD] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)
26 LUNG	43 DON'T KNOW/REFUSED

Q453A20T [IF 40-OTHER CANCER WAS REPORTED] What was the type of cancer?

[RECORD TYPE OF CANCER REPORTED]

Q453A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q453A2A1
- 2 SKIN CANCER → Q453A4
- 3 OTHER TYPE OF CANCER → Q453A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q453B/C/D/E

Q453A2A1 What specific type of cancer was it? [MARK ONE]

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 Don't know/ refused  
[SKIP TO Q453A5]

Q453A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED  
[CONTINUE WITH Q453A5]

Q453A5 What was her/his age at diagnosis?: \_\_\_\_  
don't know/refused = 99

Q453A6 How long ago was it diagnosed?

Q453A7 1 year of diagnosis: \_\_\_\_  
*or*

Q453A8 2 s/he was diagnosed \_\_\_\_ years ago

3 don't know/refused

- Q453B [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a second kind of cancer?
- Q453C [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a third kind of cancer?
- Q453D [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fourth kind of cancer?
- Q453E [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fifth kind of cancer?

- 1 yes → Q453B2 [ITERATE UP TO FIVE CANCERS]
- 2 no/not that I'm aware of → Q4453B (if more children with this partner)  
no/not that I'm aware of → Q44514 (if no more children with this partner)
- 3 don't know/refused → Q4453B (if more children with this partner)  
don't know/refused → Q44514 (if no more children with this partner)

- Q44514 [FOLLOWING SEQUENCE FOR CHILDREN WITH 2<sup>nd</sup> PARTNER] Was there third person with whom you had children?
- Q44515 [FOLLOWING SEQUENCE FOR CHILDREN WITH 3<sup>rd</sup> PARTNER] Was there fourth person with whom you had children?

- 1 yes to Q44514 → Q44514X  
yes to Q44515 → Q44515X
- 2 no → Q46
- 3 don't know/refused → Q46

Q46 Have any of your **other relatives** ever been diagnosed with cancer?

- 1 yes
- 2 no/not that I'm aware of → Q5\_
- 3 don't know/refused → Q5\_

Q46A [IF YES] Who was the relative affected?

\_\_\_\_\_

[paternal uncle Bob, maternal aunt Diane, etc.]

Q46A2 What type of cancer was it?

Q46B2 [FOR 2<sup>nd</sup> CANCER FOR RELATIVE] What was the second type of cancer?

Q46C2 [FOR 3<sup>rd</sup> CANCER FOR RELATIVE] What was the third type of cancer?

Q46D2 [FOR 4<sup>th</sup> CANCER FOR RELATIVE] What was the fourth type of cancer?

Q46E2 [FOR 5<sup>th</sup> CANCER FOR RELATIVE] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
12 BLADDER	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)
13 BLOOD	30 OVARIAN
14 BONE	31 PANCREATIC
15 BRAIN	32 PROSTATE
16 BREAST	33 RECTAL
17 CERVICAL	34 SKIN
18 COLON	35 SPINAL
19 COLORECTAL	36 SQUAMOUS CELL CARCINOMA
20 ENDOMETRIAL	37 STOMACH
21 ESOPHAGEAL	38 TESTICULAR
22 INTESTINAL	39 THROAT
23 KIDNEY	40 THYROID
24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	41 UTERINE
25 LIVER	42 OTHER (SPECIFY)

Q462A20T [IF 40-OTHER CANCER WAS REPORTED] What was the type of cancer?

[RECORD TYPE OF CANCER REPORTED]

Q462A2A [INTERVIEWER: DID R INDICATE COLON OR SKIN AS OTHER CANCER?]

- 1 COLON CANCER [PROMPT: INCLUDING BOWEL, COLON, COLORECTAL, INTESTINAL, GASTROINTESTINAL, OR RECTAL] → Q462A2A1
- 2 SKIN CANCER → Q462A4
- 3 OTHER TYPE OF CANCER → Q462A5
- 4 OTHER, NON-COLORECTAL PRECANCEROUS CONDITION → Q46B/C/D/E

Q462A2A1 What specific type of cancer was it?

- 1 Colon Cancer
- 2 Rectal Cancer
- 3 Colorectal Cancer
- 4 Other, specify: \_\_\_\_\_
- 5 DON'T KNOW/REFUSED  
[SKIP TO Q462A5]

Q462A4 Was it melanoma or some other type of skin cancer?

- 1 MELANOMA
- 2 OTHER SKIN CANCER
- 3 DON'T KNOW/REFUSED  
[CONTINUE WITH Q462A5]

Q462A5 What was the relatives age at diagnosis: \_\_\_\_ \_\_\_\_  
don't know/refused = 99

Q462A6 How long ago was it diagnosed?

Q462A7 1 year of diagnoses: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
*or*

Q462A8 2 relative was diagnosed \_\_\_\_ \_\_\_\_ years ago  
3 don't know/refused

Q46B [FOLLOWING 1<sup>st</sup> REPORTED CANCER] Has/had this relative been diagnosed with a second kind of cancer?

Q46C [FOLLOWING 2<sup>nd</sup> REPORTED CANCER] Has/had this relative been diagnosed with a third kind of cancer?

Q46D [FOLLOWING 3<sup>rd</sup> REPORTED CANCER] Has/had this relative been diagnosed with a fourth kind of cancer?

Q46E [FOLLOWING 4<sup>th</sup> REPORTED CANCER] Has/had this relative been diagnosed with a fifth kind of cancer?

- 1 yes → Q46B2 [ITERATE UP TO 5 CANCERS PER RELATIVE]
- 2 no → Q46F
- 3 don't know/refused → Q46F

Q46F Have any other relatives been diagnosed with cancers?

- 1 yes → Q46A  
[CONTINUE ITERATIONS FOR ADDITIONAL RELATIVES]
- 2 no → Q5\_



3 don't know/refused → Q5\_

**SECTION 5: DIET**

Q5\_ In this next section, the questions ask how often you ate certain foods about **two years ago**. Would you please tell me how often per day, per week, or per month you ate the following foods.

Q5\_1 About two years ago, on average how often did you eat a piece or serving of **fruit**? A serving of fruit is 1 medium fresh fruit or 6 ounces of fruit juice, ½ cup of chopped, cooked or canned fruit or ¼ cup of dried fruit.

- Q5\_1A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00

Q5\_2 About two years ago, on average how often did you eat a serving of **vegetables**. A serving of vegetables is 1 cup raw leafy vegetables or 6 ounces of vegetable juice, or ½ cup of other vegetables, cooked or raw.

- Q5\_2A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00

Q5\_3

About two years ago, on average how often did you eat a serving of **red meat**? (not chicken or fish)  
A serving of red meat is: 2-3 ounces or a piece of meat about the size of a deck of cards  
[PROMPT: RED MEATS INCLUDE: BEEF, VEAL, LAMB, PORK, VENISON, MUTTON (IN ANY FORM--  
STEAK, HAMBURGER, PRIME RIB, RIBS, BACON, SAUSAGE)]

- Q5\_3A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00 → Q5\_4

Q5\_31 [PROMPT: ABOUT TWO YEARS AGO] On average, how many of those servings of red meat were cooked by pan-frying, broiling, grilling or barbecuing? This does not include baking or boiling.

- Q5\_31A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00 → Q5\_4

Q5\_32 On average when you ate red meat cooked by these methods, which of the following best describes its **outside** appearance?  
[PROMPT: IF R REPORTS DIFFERENT METHODS FOR DIFFERENT TYPES OF RED MEAT, REPORT THE METHOD USED MOST OFTEN.]

- 1 lightly browned
- 2 medium browned
- 3 heavily browned or blackened
- 4 don't know/refused

Q5\_33 On average when you ate red meat cooked by these methods, which of the following best describes its **inside** appearance (how well was it done)?  
[PROMPT: IF R REPORTS DIFFERENT METHODS FOR DIFFERENT TYPES OF RED MEAT, REPORT THE METHOD USED MOST OFTEN.]

- 1 red (rare)
- 2 pink (medium)
- 3 brown (well-done)
- 4 don't know/refused

Q5\_4 About two years ago, on average how often did you eat a serving of **poultry**? A serving of poultry is: 2-3 ounces of poultry meat.  
[PROMPT: 1 DRUMSTICK; 1 THIGH; HALF A BREAST; 2 WINGS; 3 NUGGETS; INCLUDE CHICKEN, TURKEY AND OTHER FOWL.]

- Q5\_4A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00 → Q5\_5

Q5\_41 [ABOUT TWO YEARS AGO] On average how many servings of those servings of poultry did you eat that were cooked by pan-frying, broiling, grilling or barbecuing.? This does not include baking or boiling.

- Q5\_41A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00 → Q5\_5

Q5\_42 On average when you ate poultry cooked by these methods, which of the following best describes its **outside** appearance?

- 1 lightly browned
- 2 medium browned
- 3 heavily browned/blackened
- 4 don't know/refused

Q5\_5 About two years ago, on average how often did you drink a serving of **milk or a milk beverage**? This includes milk on cereal. A serving of milk is 1 cup or 8 ounces.

- Q5\_5A 1 \_\_\_ \_\_\_ servings per day  
*or*  
2 \_\_\_ \_\_\_ servings per week  
*or*  
3 \_\_\_ \_\_\_ servings per month  
don't know/refused = 99  
none = 00 → Q6\_

## SECTION 6: PHYSICAL ACTIVITY

- Q6\_ [IF AGE <30] The next section contains questions about your participation in **physical activities**.  
[IF AGE IS 30-49] The next section contains questions about your participation in physical activities during two periods of your life-- your 20s, and your 30s and 40s.  
[IF AGE IS >49] The next section contains questions about your participation in physical activities during three periods of your life-- your 20s, your 30s and 40s, and then since you turned 50
- Q6\_10 As an adult, did you participate regularly in any strenuous activity? By “strenuous” I mean any activity that increased your heart rate and caused you to sweat such as jogging, swimming laps, bicycling, playing tennis, football, soccer, basketball, calisthenics, or aerobics. By “regularly” I mean at least 30 minutes a week or longer for at least 3 months in a row.
1. yes
  2. no → Q6\_11A
  3. don't know/refused → Q6\_11A

<p>Q6_10A  [IF AGE &lt;30] Since turning <b>20</b>...  [IF AGE &gt;29] When you were in your 20s...  ...what strenuous activities or sports did you participate in most?</p>	<p>SKIP IF R DID NOT PARTICIPATE IN ANY STRENUOUS ACTIVITIES IN 20S.   [FIRST ACTIVITY]</p>	<p>SKIP IF R PARTICIPATED IN ONLY 1 ACTIVITY IN 20s.   [SECOND ACTIVITY]</p>	<p>SKIP IF R PARTICIPATED IN ONLY 2 ACTIVITIES IN 20s.   [THIRD ACTIVITY]</p>
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<p>Q6_10A [IF AGE &lt;30] Since turning 20... [IF AGE &gt;29] When you were in your 20s... ...what strenuous activities or sports did you participate in most?</p>	<p>SKIP IF R DID NOT PARTICIPATE IN ANY STRENUOUS ACTIVITIES IN 20S.  [FIRST ACTIVITY]</p>	<p>SKIP IF R PARTICIPATED IN ONLY 1 ACTIVITY IN 20s.  [SECOND ACTIVITY]</p>	<p>SKIP IF R PARTICIPATED IN ONLY 2 ACTIVITIES IN 20s.  [THIRD ACTIVITY]</p>
<p>[LIST OF ACTIVITIES]</p> <ol style="list-style-type: none"> <li>1. AEROBICS, STEP AEROBICS, ETC.</li> <li>2. BADMINTON, COMPETITIVE</li> <li>3. BASEBALL, SOFTBALL, PITCHING</li> <li>4. BASKETBALL</li> <li>5. BICYCLING (RD, MTN, STATIONARY)</li> <li>6. BOXING</li> <li>7. CALISTHENICS, VIGOROUS</li> <li>8. CLIMBING (SNOW, MTN, ROCK)</li> <li>9. DANCE (ANY VIGOROUS TYPE)</li> <li>10. FENCING</li> <li>11. FOOTBALL OR RUGBY</li> <li>12. GARDENING, MOWING WITH MANUAL MOWER</li> <li>13. HAND/RACQUETBALL, SQUASH</li> <li>14. HIKING, BACKPACKING</li> <li>15. HOCKEY (FIELD, ICE)</li> <li>16. HORSEBACK RIDING, TROTTING</li> <li>17. JOGGING, TREADMILL (&gt;10 mph)</li> <li>18. JUMP ROPING</li> <li>19. KICK BOXING</li> <li>20. MARCHING (DRILL, MILITARY)</li> <li>21. MARTIAL ARTS (KARATE, TAE KWON DO)</li> <li>22. ROWING A BOAT (KAYAK, CANOE), ROWING MACHINE, RIGOROUS</li> <li>23. RUNNING</li> <li>24. [DELETED]</li> <li>25. SCUBA OR SKIN DIVING (NOT SNORKLING)</li> <li>26. SKATING (ROLLER, ICE, IN-LINE)</li> <li>27. [DELETED]</li> <li>28. SKIING, X-COUNTRY, NORDIC TRK</li> <li>29. SKIING, SNOW, DOWN-HILL</li> <li>30. SKIING, WATER</li> <li>31. SNOWBOARDING</li> <li>32. SNOW SHOEING</li> <li>33. SOCCER</li> <li>34. STAIRMASTER, CLIMBING STAIRS</li> <li>35. [DELETED]</li> <li>36. SWIMMING LAPS</li> <li>37. TENNIS</li> <li>38. VOLLEYBALL (BEACH)</li> <li>39. WALKING STRENUOUSLY</li> <li>40. WATER AEROBICS</li> <li>41. WEIGHTLIFTING, VIGOROUS</li> <li>42. WRESTLING</li> <li>43. YOGA</li> <li>44. OTHER (SPECIFY)</li> <li>45. NONE/NO MORE</li> </ol> <p>Q6_10A _____ (1<sup>st</sup>)  Q6_10B _____ (2<sup>nd</sup>)  Q6_10C _____ (3<sup>rd</sup>)</p>	<p>Q6_10D How many years did you ... [1<sup>st</sup> ACTIVITY]?  _____ # of years  [<b>MAX=10</b>]</p> <p>Q6_10E How many months of the year?  _____ months per year</p> <p>Q6_10F On average, how many <u>hours</u> per week did you ... [1<sup>st</sup> ACTIVITY]?  _____ hours per week</p> <ul style="list-style-type: none"> <li>• [IF 2<sup>ND</sup> ACTIVITY IS SPECIFIED IN Q6_10B → Q6_10G</li> <li>• IF A 2<sup>ND</sup> ACTIVITY IS NOT SPECIFIED AND AGE &lt;30 → Q6_11A.</li> <li>• IF A 2<sup>ND</sup> ACTIVITY IS NOT SPECIFIED AND AGE &gt;29 → Q6_10A FOR 30s AND 40s.]</li> </ul>	<p>Q6_10G How many years did you ... [2<sup>nd</sup> ACTIVITY]?  _____ # of years  [<b>MAX=10</b>]</p> <p>Q6_10H How many months of the year?  _____ months per year</p> <p>Q6_10I On average, how many <u>hours</u> per week did you ... [2<sup>nd</sup> ACTIVITY]?  _____ hours per week</p> <ul style="list-style-type: none"> <li>• [IF 3<sup>RD</sup> ACTIVITY IS SPECIFIED IN Q6_10C → Q6_10J</li> <li>• IF A 3<sup>RD</sup> ACTIVITY IS NOT SPECIFIED AND AGE &lt;30 → Q6_11A</li> <li>• IF A 3<sup>RD</sup> ACTIVITY IS NOT SPECIFIED AND AGE &gt;29 → Q6_10A FOR 30s AND 40s.]</li> </ul>	<p>Q6_10J How many years did you ... [3<sup>rd</sup> ACTIVITY]?  _____ # of years  [<b>MAX=10</b>]</p> <p>Q6_10K How many months of the year?  _____ months per year</p> <p>Q6_10L On average, how many <u>hours</u> per week did you ... [3<sup>rd</sup> ACTIVITY]?  _____ hours per week</p> <ul style="list-style-type: none"> <li>• [IF AGE &lt;30 → Q6_11A</li> <li>• IF AGE &gt;29 → Q6_10A FOR 30s AND 40s.]</li> </ul>

<p>SKIP IF AGE &lt;30 → Q6_11A</p> <p>Q6_10A</p> <p>When you were in your <b>30s &amp; 40s</b> what strenuous activities or sports did you participate in most?</p>	<p>SKIP IF R DID NOT PARTICIPATE IN ANY STRENUOUS ACTIVITY IN 30s &amp; 40s.</p> <p>[FIRST ACTIVITY]</p>	<p>SKIP IF R PARTICIPATED IN ONLY 1 ACTIVITY IN 30s &amp; 40s.</p> <p>[SECOND ACTIVITY]</p>	<p>SKIP IF R PARTICIPATED IN ONLY 2 ACTIVITIES IN 30s &amp; 40s.</p> <p>[THIRD ACTIVITY]</p>
<p>[LIST OF ACTIVITIES]</p>			





SKIP IF AGE <50 → Q6_11A Q6_10A Since turning <b>50</b> , what strenuous activities or sports do you participate in most?	SKIP IF R DID NOT PARTICIPATE IN ANY ACTIVITIES SINCE TURNING 50. [FIRST ACTIVITY]	SKIP IF R PARTICIPATED IN ONLY 1 ACTIVITY SINCE TURNING 50. [SECOND ACTIVITY]	SKIP IF R PARTICIPATED IN ONLY 2 ACTIVITIES SINCE TURNING 50. [THIRD ACTIVITY]
<p>[LIST OF ACTIVITIES]</p> <ol style="list-style-type: none"> <li>1 AEROBICS, STEP AEROBICS, ETC.</li> <li>2 BADMINTON, COMPETITIVE</li> <li>3 BASEBALL, SOFTBALL, PITCHING</li> <li>4 BASKETBALL</li> <li>5 BICYCLING (RD, MTN, STATIONARY)</li> <li>6 BOXING</li> <li>7 CALISTHENICS, VIGOROUS</li> <li>8 CLIMBING (SNOW, MTN, ROCK)</li> <li>9 DANCE (ANY VIGOROUS TYPE)</li> <li>10 FENCING</li> <li>11 FOOTBALL OR RUGBY</li> <li>12 GARDENING, MOWING WITH MANUAL MOWER</li> <li>13 HAND/RACQUETBALL, SQUASH</li> <li>14 HIKING, BACKPACKING</li> <li>15 HOCKEY (FIELD, ICE)</li> <li>16 HORSEBACK RIDING, TROTting</li> <li>17 JOGGING, TREADMILL (&gt; 10 mph)</li> <li>18 JUMP ROPING</li> <li>19 KICK BOXING</li> <li>20 MARCHING (DRILL, MILITARY)</li> <li>21 MARTIAL ARTS (KARATE, TAE KWON DO)</li> <li>22 ROWING A BOAT (KAYAK, CANOE), ROWING MACHINE, VIGOROUS</li> <li>23 RUNNING</li> <li>24 [DELETED]</li> <li>25 SCUBA OR SKIN DIVING (NOT SNORKLING)</li> <li>26 SKATING (ROLLER, ICE, IN-LINE)</li> <li>27 [DELETED]</li> <li>28 SKIING, X-COUNTRY, NORDIC TRK</li> <li>29 SKIING, SNOW, DOWN-HILL</li> <li>30 SKIING, WATER</li> <li>31 SNOWBOARDING</li> <li>32 SNOW SHOEING</li> <li>33 SOCCER</li> <li>34 STAIRMASTER, CLIMBING STAIRS</li> <li>35 [DELETED]</li> <li>36 SWIMMING LAPS</li> <li>37 TENNIS</li> <li>38 VOLLEYBALL (BEACH)</li> <li>39 WALKING STRENUOUSLY</li> <li>40 WATER AEROBICS</li> <li>41 WEIGHTLIFTING, VIGOROUS</li> <li>42 WRESTLING</li> <li>43 YOGA</li> <li>44 OTHER (SPECIFY)</li> <li>45 NONE/NO MORE</li> </ol> <p>Q6_10A _____ (1<sup>st</sup>)            Q6_10B _____ (2<sup>nd</sup>)            Q6_10C _____ (3<sup>rd</sup>)</p>	<p>Q6_10D            How many years did you ... [1<sup>st</sup> ACTIVITY]?            _____ # of years</p> <p>Q6_10E            How many months of the year?            _____ months per year</p> <p>Q6_10F            On average, how many <u>hours</u> per week did you ... [1<sup>st</sup> ACTIVITY]?            _____ hours per week</p> <ul style="list-style-type: none"> <li>• [IF 2<sup>ND</sup> ACTIVITY IS SPECIFIED IN Q6_10B → Q6_10G</li> <li>• IF A 2<sup>ND</sup> ACTIVITY IS NOT SPECIFIED →Q6_11A.</li> </ul>	<p>Q6_10G            How many years did you ... [2<sup>nd</sup> ACTIVITY]?            _____ # of years</p> <p>Q6_10H            How many months of the year?            _____ months per year</p> <p>Q6_10I            On average, how many <u>hours</u> per week did you ... [2<sup>nd</sup> ACTIVITY]?            _____ hours per week</p> <ul style="list-style-type: none"> <li>• [IF 3<sup>RD</sup> ACTIVITY IS SPECIFIED IN Q6_10C → Q6_10J</li> <li>• IF A 3<sup>RD</sup> ACTIVITY IS NOT SPECIFIED →Q6_11A</li> </ul>	<p>Q6_10J            How many years did you ... [3<sup>rd</sup> ACTIVITY]?            _____ # of years</p> <p>Q6_10K            How many months of the year?            _____ months per year</p> <p>Q6_10L            On average, how many <u>hours</u> per week did you ... [3<sup>rd</sup> ACTIVITY]?            _____ hours per week</p>

<p>Q6_11A  [IF AGE &lt;30] Since turning 20, what was your <b>usual occupation</b>?  [IF AGE &gt;29] During your 20s, what was your usual occupation?  [PROMPT: USUAL IS THE LONGEST HELD ACTIVITY, INCLUDING ANY PAID OR UNPAID EMPLOYMENT, SUCH AS BEING A STUDENT, HOUSEWIFE, OR UNEMPLOYED.]</p>	<p>SKIP IF AGE &lt; 30  Q6_11B  When you were in your 30s &amp; 40s, what was your usual occupation?</p>	<p>SKIP IF AGE &lt; 50  Q6_11C  Since turning 50, what was your usual occupation?</p>
<p>_____</p> <p>[TO BE CODED]</p> <p>don't know/refused</p>	<p>_____</p> <p>[TO BE CODED]</p> <p>don't know/refused</p>	<p>_____</p> <p>[TO BE CODED]</p> <p>don't know/refused</p>

**SECTION 7: ALCOHOL CONSUMPTION**

Q7\_ [IF AGE <30] The next set of questions are about **alcohol consumption** since you turned **20**.  
 [IF AGE IS 30-49] The next set of questions are about alcohol consumption during two periods of your life.  
 [IF AGE IS >49] The next set of questions are about alcohol consumption during three periods of your life.

Q7\_0 [IF AGE <30, SKIP AND GO TO Q7\_1.]  
 [IF AGE >29] Think back to the period when you were in your 20s

Q7\_1 [IF AGE <30] Since turning 20 . . .  
 [IF AGE >29] During that time . . .  
 . . . did you ever drink any alcoholic beverages at least once a week for 6 months or longer? [PROMPT: ALCOHOLIC BEVERAGES INCLUDE BEER, HARD CIDER, WINE, SHERRY, PORT, SAKE, LIQUOR, SPIRITS, MIXED DRINKS, OR COCKTAILS.]

- 1 yes
- 2 no AND R is >29 → Q7\_0 for 30s and 40s  
no AND R is <30 → Q\_8
- 3 don't know/refused AND R is >29 → Q7\_0 for 30s and 40s  
don't know/refused AND R is <30 → Q\_8

[IF YES]	For how many months or years . . .	
Q7_11 Now I will ask about specific beverages you many have consumed. [IF AGE <30] Since turning 20. . . [IF AGE >29] In your 20s. . . ... did you ever drink <b>beer</b> at least once a week for 6 months or longer? 1 yes → Q7_11A 2 no → Q7_12 3 don't know/refused → Q7_12	. . .did you drink beer? [PROMPT: AT LEAST 1X/WEEK] Q7_11A _____ number of months [MAX=98] or Q7_11A _____ number of years [MAX=10] don't know/refused=99 → Q7_12	How much did you typically drink? [PROMPT: # OF 12 oz CANS] Q7_11B _____ 12 oz. cans/ bottles of beer Q7_11C 1 per day Q7_11C 2 per week 3 don't know/refused
Q7_12 [IF AGE <30] Since turning 20. . . [IF AGE >29] In your 20s. . . ...did you ever drink <b>hard cider</b> ? [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER] 1 yes → Q7_12A 2 no → Q7_13 3 don't know/refused → Q7_13	. . .did you drink hard cider? [PROMPT: AT LEAST 1X/WEEK] Q7_12A _____ number of months [MAX=98] or Q7_12A _____ number of years [MAX=10] don't know/refused=99 → Q7_13	How much did you typically drink? [PROMPT: # OF 12 oz BOTTLES] Q7_12B _____ 12 oz bottles of hard cider Q7_12C 1 per day Q7_12C 2 per week 3 don't know/refused
Q7_13 [IF AGE <30] Since turning 20. . . [IF AGE >29] In your 20s. . . ... did you ever drink <b>wine</b> ? [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER] 1 yes → Q7_13A 2 no → Q7_14 3 don't know/refused → Q7_14	. . .did you drink wine? [PROMPT: AT LEAST 1X/WEEK] Q7_13A _____ number of months [MAX=98] or Q7_13A _____ number of years [MAX=10] don't know/refused=99 → Q7_14	How much did you typically drink? [PROMPT: # OF 4 oz GLASSES] Q7_13B _____ 4 oz glasses of wine Q7_13C 1 per day Q7_13C 2 per week 3 don't know/refused

For how many months or years . . .		
<p>Q7_14 [IF AGE &lt;30] Since turning 20. . . [IF AGE &gt;29] In your 20s. . .</p> <p>. . . did you ever drink <b>fortified wines, such as sake, sherry, or port?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]?</p> <p>1 yes → Q7_14A 2 no → Q7_15 3 don't know/refused → Q7_15</p>	<p>. . . did you drink fortified wine? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_14A _____ number of months [MAX=98] <i>or</i> Q7_14A _____ number of years [MAX=10]</p> <p>don't know/refused=99 → Q7_15</p>	<p>How much did you typically drink? [PROMPT: # OF 1 oz GLASSES]</p> <p>Q7_14B _____ 1 oz glasses of fortified wine</p> <p>Q7_14C 1 per day Q7_14C 2 per week 3 don't know/refused</p>
<p>Q7_15 [IF AGE &lt;30] Since turning 20. . . [IF AGE &gt;29] In your 20s. . .</p> <p>. . . did you ever drink <b>liquor or mixed drinks?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <p>1 yes → Q7_15A 2 no (see skip pattern below)</p> <p>IF NO AND ANSWERS Q7_11, Q7_12, Q7_13, <u>OR</u> Q7_14 ARE "YES" → Q8. <i>or</i> IF NO AND ANSWERS TO Q7_11, Q7_12, Q7_13, <u>AND</u> Q7_14 ARE "NO" → Q7_16, BELOW</p> <p>3 don't know/refused</p>	<p>. . . did you drink liquor or mixed drinks? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_15A _____ number of months [MAX=98] <i>or</i> Q7_15A _____ number of years [MAX=10]</p> <p>don't know/refused=99 → Q7_16</p>	<p>How much did you typically drink? [PROMPT: # OF 1oz SHOTS LIQUOR]</p> <p>Q7_15B: _____ 1 oz. shots of liquor/spirits</p> <p>Q7_15C 1 per day Q7_15C 2 per week 3 don't know/refused</p>
<p>Q7_16 You said that you drank alcoholic beverages at least once a week in your 20s, although your consumption of specific beverages was less than once a week. So, thinking about your <b>total</b> consumption of alcoholic beverages in your 20s, . . . →</p>	<p>. . . in total did you drink at least one alcoholic beverage a week?</p> <p>Q7_16 _____ number of months [MAX=98] <i>or</i> Q7_16 _____ number of years [MAX=10]</p> <p>don't know/refused =99</p>	<p>Q7_16A How many alcoholic beverages a week did you typically drink during those years? [PROMPT: HOW MANY 4 OZ. GLASSES OF WINE, OR 12 OZ. CANS OR BOTTLES OF BEER OR HARD CIDER, OR 1 OZ. SERVINGS OF FORTIFIED WINES OR LIQUOR DID YOU DRINK?]</p> <p>Q7_16A _____ # of alcoholic beverages/week [MAX=98] [INTERVIEWER: IF 2 OR MORE, GO BACK THROUGH INDIVIDUAL ALCOHOLS; SEE QxQ] don't know/refused=99</p>

[IF AGE < 30 → Q\_8]

Q7\_0 Now think back to your **30s and 40s** . I will be asking the same series of questions about alcohol consumption

Q7\_1 In your 30s and 40s, did you ever drink any alcoholic beverages at least once a week for 6 months or longer? [PROMPT: ALCOHOLIC BEVERAGES INCLUDE BEER, HARD CIDER, WINE, SHERRY, PORT, SAKE, LIQUOR, SPIRITS, MIXED DRINKS, OR COCKTAILS.]

- 1 yes
- 2 no AND R is >49 → Q7\_0 for since 50  
no AND R is <50 → Q\_8
- 3 don't know/refused AND R is >49 → Q7\_0 for since 50, otherwise → Q\_8  
don't know/refused AND R is <50 → Q\_8

[IF YES]

	For how many months or years . . .	
<p>Q7_11 Now I will ask about specific beverages you may have consumed.</p> <p>In your 30s &amp; 40s, did you ever drink <b>beer</b> at least once a week for 6 months or longer?</p> <ol style="list-style-type: none"> <li>1 yes → Q7_11A</li> <li>2 no → Q7_12</li> <li>3 don't know/refused → Q7_12</li> </ol>	<p>. . . did you drink beer? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_11A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_11A _____ number of years [MAX = 20] don't know/refused =99 → Q7_13</p>	<p>How much did you typically drink? [PROMPT: # OF 12 oz CANS]</p> <p>Q7_11B: _____ 12 oz. cans/ bottles of beer</p> <p>Q7_11C 1 per day Q7_11C 2 per week 3 don't know/refused</p>
<p>Q7_12 In your 30s &amp; 40s, did you ever drink <b>hard cider?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ol style="list-style-type: none"> <li>1 yes → Q7_12A</li> <li>2 no → Q7_13</li> <li>3 don't know/refused → Q7_13</li> </ol>	<p>. . . did you drink hard cider? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_12A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_12A _____ number of years [MAX = 20] don't know/refused =99 → Q7_13</p>	<p>How much did you typically drink? [PROMPT: # OF 12 oz BOTTLES]</p> <p>Q7_12B: _____ 12 oz. bottles of hard cider</p> <p>Q7_12C 1 per day Q7_12C 2 per week 3 don't know/refused</p>
<p>Q7_13 In your 30s &amp; 40s, did you ever drink <b>wine?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ol style="list-style-type: none"> <li>1 yes → Q7_13A</li> <li>2 no → Q7_14</li> <li>3 don't know/refused → Q7_14</li> </ol>	<p>. . . did you drink wine? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_13A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_13A _____ number of years [MAX = 20] don't know/refused =99 → Q7_14</p>	<p>How much did you typically drink? [PROMPT: # OF 4 oz GLASSES]</p> <p>Q7_13B: _____ 4 oz. glasses of wine</p> <p>Q7_13C: 1 per day Q7_13C: 2 per week 3 don't know/refused</p>
<p>Q7_14 In your 30s &amp; 40s, did you ever drink <b>fortified wines, such as sake, sherry, or port?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ol style="list-style-type: none"> <li>1 yes → Q7_14A</li> <li>2 no → Q7_15</li> <li>3 don't know/refused → Q7_15</li> </ol>	<p>. . . did you drink fortified wine? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_14A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_14A _____ number of years [MAX = 20] don't know/refused=99 → Q7_15</p>	<p>How much did you typically drink? [PROMPT: # OF 1 oz GLASSES]</p> <p>Q7_14B: _____ 1 oz. glasses of fortified wine</p> <p>Q7_14C: 1 per day Q7_14C: 2 per week 3 don't know/refused</p>

<p>[IF YES]</p> <p>Q7_15 In your 30s &amp; 40s, did you ever drink <b>liquor or mixed drinks?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <p>1 yes → Q7_15A</p> <p>2 no (see skip pattern below)</p> <p>IF NO AND ANSWERS TO Q7_11, Q7_12, Q7_13, <u>OR</u> Q7_14 ARE “YES” → Q7_0 FOR SINCE 50.</p> <p><i>or</i></p> <p>IF NO AND ANSWERS TO Q7_11, Q7_12, Q7_13, <u>AND</u> Q7_14 ARE “NO” → Q7_16, BELOW</p> <p>3 don’t know/refused → Q7_16</p>	<p>For how many months or years . . .</p> <p>. . . did you drink liquor or, mixed drinks? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_15A ____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_15A ____ number of years [MAX = 20] don’t know/refused=99 → Q7_16</p>	<p>How much did you typically drink? [PROMPT: # OF 1 oz SHOTS]</p> <p>Q7_15B: ____ 1 oz. shots of liquor/spirits</p> <p>Q7_15C: 1 per day</p> <p>Q7_15C: 2 per week</p> <p>3 don’t know/refused</p>
<p>Q7_16 You said that you drank alcoholic beverages at least once a week in your 30s and 40s, although your consumption of specific beverages was less than once a week. So, thinking about your <b>total</b> consumption of alcoholic beverages in your 40s, . . . →</p>	<p>. . . in total did you drink at least one alcoholic beverage a week?</p> <p>Q7_16 ____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_16 ____ number of years [MAX = 20] don’t know/refused = 99</p>	<p>Q7_16A How many alcoholic beverages a week did you typically drink during those years? [PROMPT: HOW MANY 4 OZ. GLASSES OF WINE, OR 12 OZ. CANS OR BOTTLES OF BEER OR HARD CIDER, OR 1 OZ. SERVINGS OF FORTIFIED WINE OR LIQUOR DID YOU CONSUME?]</p> <p>Q7_16A ____ # of alcoholic beverages/week [MAX=98] [INTERVIEWER: IF 2 OR MORE, GO BACK THROUGH INDIVIDUAL ALCOHOLS; SEE QxQ] don’t know/refused=99</p>

[IF AGE < 50 → Q\_8]

Q7\_0 Now I will ask you to think about alcohol consumption since you turned **50**..

Q7\_1 Since turning 50, did you ever drink any alcoholic beverages at least once a week for 6 months or longer? [PROMPT: ALCOHOLIC BEVERAGES INCLUDE BEER, HARD CIDER, WINE, SHERRY, PORT, SAKE, LIQUOR, SPIRITS, MIXED DRINKS, OR COCKTAILS.]

- 1 yes
- 2 no → Q\_8
- 3 don't know/refused → Q\_8

[IF YES]

	For how many months or years . . .	
<p>Q7_11 Now I will ask about specific beverages you may have consumed.</p> <p>Since turning 50, did you ever drink <b>beer</b> at least once a week for 6 months or longer?</p> <ul style="list-style-type: none"> <li>1 yes → Q7_11A</li> <li>2 no → Q7_12</li> <li>3 don't know/refused → Q7_12</li> </ul>	<p>. . .did you drink beer? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_11A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_11A _____ number of years don't know/refused =99 → Q7_12</p>	<p>How much did you typically drink? [PROMPT: # OF 12 oz CANS]</p> <p>Q7_11B: _____ 12 oz. cans of beer</p> <p>Q7_15C: 1 per day</p> <p>Q7_15C: 2 per week</p> <p>3 don't know/refused</p>
<p>Q7_12 Since turning 50, did you ever drink <b>hard cider?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ul style="list-style-type: none"> <li>1 yes → Q7_12A</li> <li>2 no → Q7_13</li> <li>3 don't know/refused → Q7_13</li> </ul>	<p>. . .did you drink hard cider? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_12A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_12A _____ number of years don't know/refused =99 → Q7_13</p>	<p>How much did you typically drink? [PROMPT: # OF 12 oz BOTTLES]</p> <p>Q7_12B: _____ 12 oz. bottles of hard cider</p> <p>Q7_12C: 1 per day</p> <p>Q7_12C: 2 per week</p> <p>3 don't know/refused</p>
<p>Q7_13 Since turning 50, did you ever drink <b>wine?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ul style="list-style-type: none"> <li>1 yes → Q7_13A</li> <li>2 no → Q7_14</li> <li>3 don't know/refused → Q7_14</li> </ul>	<p>. . .did you drink wine? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_13A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_13A _____ number of years don't know/refused =99 → Q7_14</p>	<p>How much did you typically drink? [PROMPT: # OF 4 oz GLASSES]</p> <p>Q7_13B: _____ 4 oz. glasses of wine</p> <p>Q7_13C: 1 per day</p> <p>Q7_13C: 2 per week</p> <p>3 don't know/refused</p>
<p>Q7_14 Since turning 50, did you ever drink <b>fortified wines, such as sake, sherry, or port?</b> [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ul style="list-style-type: none"> <li>1 yes → Q7_14A</li> <li>2 no → Q7_15</li> <li>3 don't know/refused → Q7_15</li> </ul>	<p>. . .did you drink fortified wines? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_14A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_14A _____ number of years don't know/refused =99 → Q7_15</p>	<p>How much did you typically drink? [PROMPT: # OF 1 oz GLASSES]</p> <p>Q7_14B: _____ 1 oz. glasses of fortified wine</p> <p>Q7_14C: 1 per day</p> <p>Q7_14C: 2 per week</p> <p>3 don't know/refused</p>

<p>[IF YES]</p> <p>Q7_15 Since turning 50, did you ever drink <b>liquor or mixed drinks</b>?[PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <p>1 yes → Q7_15A</p> <p>2 no (see skip pattern below)</p> <p>IF NO AND ANSWERS TO Q7_11, Q7_12, Q7_13, <u>OR</u> Q7_14 ARE “YES” → Q7_0.FOR SINCE 50.</p> <p><i>or</i></p> <p>IF NO AND ANSWERS TO Q7_11, Q7_12, Q7_13, <u>AND</u> Q7_14 ARE “NO” → Q7_16, BELOW</p> <p>3 don’t know/refused → Q7_16</p>	<p>For how many months or years . . .</p> <p>. . .did you drink liquor or, mixed drinks? [PROMPT: AT LEAST 1X/WEEK]</p> <p>Q7_15A _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_15A _____ number of years don’t know/refused=99 → Q7_16</p>	<p>How much did you typically drink? [PROMPT: # OF 1 oz SHOTS]</p> <p>Q7_15B: _____ 1 oz. shots of liquor/spirits</p> <p>Q7_15C: 1 per day</p> <p>Q7_15C: 2 per week</p> <p>3 don’t know/refused</p>
<p>Q7_16 You said that you drank alcoholic beverages at least once a week since turning 50, although your consumption of specific beverages was less than once a week. So, thinking about your <b>total</b> consumption of alcoholic beverages in your 50s, . . . →</p>	<p>. . . in total did you drink at least once alcoholic beverage a week?</p> <p>Q7_16 _____ number of months [MAX=98]</p> <p><i>or</i></p> <p>Q7_16 _____ number of years don’t know/refused = 99</p>	<p>Q7_16A How many alcoholic beverages a week did you typically drink during those years? [PROMPT: HOW MANY 4 OZ. GLASSES OF WINE, OR 12 OZ. CANS OR BOTTLES OF BEER OR HARD CIDER, OR 1 OZ. SERVINGS OF FORTIFIED WINE OR LIQUOR (SPIRITS) DID YOU CONSUME?]</p> <p>Q7_16A _____ # of alcoholic beverages/week [MAX=98] [INTERVIEWER: IF 2 OR MORE, GO BACK THROUGH INDIVIDUAL ALCOHOLS; SEE QxQ] don’t know/refused=99</p>



**SECTION 8: SMOKING**

Q8\_ Now I'd like to ask you a few questions about your use of tobacco.

Q8\_1 Have you ever smoked at least one **cigarette** a day for 3 months or longer?

- 1 yes
- 2 no → Q8\_2
- 3 don't know/refused → Q8\_2

Q8\_11 [IF YES] When did you **first** start smoking at least one cigarette a day?

- Q8\_11A 1 age at first use: \_\_\_ \_\_\_  
*or*
- Q8\_11B 2 year of first use: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
*or*
- Q8\_11C 3 I first smoked \_\_\_ \_\_\_ years ago
- 4 don't know/refused

Q8\_12 During periods when you smoked regularly, how many cigarettes did you typically smoke in a day? [PROMPT: "REGULARLY" MEANS AT LEAST ONCE CIGARETTE A DAY.]

\_\_\_ \_\_\_ \_\_\_ cigarettes per day  
don't know/refused = 999

Q8\_13 About two years ago, were you still smoking at least once cigarette a day?  
[SKIP IF STARTED SMOKING AT LEAST 1 CIGARETTE/DAY LESS THAN 2 YEARS AGO ]

- 1 yes
- 2 no
- 3 don't know/refused

Q8\_14 Do you still smoke at least one cigarette a day?

- 1 yes → Q8\_15
- 2 no
- 3 don't know/refused

Q8\_141 [IF NO] When did you permanently stop smoking at least one cigarette a day?

- Q8\_11A 1 age when stopped: \_\_\_ \_\_\_  
*or*
- Q8\_11B 2 year when stopped: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
*or*
- Q8\_11C 3 I stopped smoking \_\_\_ \_\_\_ years ago
- 4 don't know/refused

Q8\_15 How many months or years in total did you smoke at least one cigarette per day for 3 months or longer? (If you have stopped and restarted at least once, count only the time when you were smoking.)

\_\_\_ \_\_\_ \_\_\_ total number of months  
*or*  
\_\_\_ \_\_\_ \_\_\_ total number of years  
don't know/refused = 999

Q8\_2 Have you ever smoked at least one cigar or one pipe per month for at least 3 months?

- 1 yes
- 2 no → Section 9
- 3 don't know/refused → Section 9

Q8\_21 [IF YES] Did you smoke cigars or pipes or both?

- 1 cigars only
- 2 pipes only → Q8\_27
- 3 both
- 4 don't know/refused → Section 9

Q8\_22 [ONLY IF "1" (CIGARS)" OR "3 (BOTH)" TO Q8\_21] When did you **first** start smoking at least one **cigar** a month?

- Q8\_22A 1 age at first use: \_\_\_\_
- or*
- Q8\_22B 2 year of first use: \_\_\_\_
- or*
- Q8\_22C 3 I first smoked \_\_\_\_ years ago
- 4 don't know/refused

Q8\_23 During periods when you smoked regularly, how many cigars did you typically smoke in a month? [PROMPT: "REGULARLY" MEANS AT LEAST ONE CIGAR A MONTH.]

\_\_\_\_ cigars per month  
don't know/refused = 999

Q8\_24 Two years ago, were you still smoking at least one cigar a month?  
[SKIP IF STARTED SMOKING AT LEAST 1 CIGAR/MONTH LESS THAN 2 YEARS AGO ]

- 1 yes
- 2 no
- 3 don't know/refused

Q8\_25 Do you still smoke at least one cigar a month?

- 1 yes
- 2 no
- 3 don't know/refused

Q8\_251 [IF NO] When did you permanently stop smoking at least one cigar a month?

- Q8\_251A 1 age when stopped: \_\_\_\_
- or*
- Q8\_251B 2 year when stopped: \_\_\_\_
- or*
- Q8\_251C 3 I stopped smoking \_\_\_\_ years ago
- 4 don't know/refused

Q8\_26 How many months or years in total did you smoke at least one cigar a month? (If you have stopped and restarted at least once, count only the time when you were smoking.)

\_\_\_\_ total number of months  
*or*  
\_\_\_\_ total number of years

- don't know/refused = 999
- Q8\_27 [ONLY IF "2 (PIPES)" OR "3 (BOTH)" TO Q8\_21] When did you **first** start smoking at least one **pipe** a month?
- Q8\_27A 1 age at first use: \_\_\_\_ \_\_\_\_  
or
- Q8\_27B 2 year of first use: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
or
- Q8\_27C 3 I first smoked \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused
- Q8\_28 During periods when you smoked regularly, how many pipes did you typically smoke in a month? [Prompt: "Regularly" means at least one pipe a month.]
- \_\_\_\_ \_\_\_\_ \_\_\_\_ pipes per month  
don't know/refused = 999
- Q8\_29 Two years ago, were you still smoking at least one pipe a month?  
[SKIP IF STARTED SMOKING AT LEAST 1 PIPE/MONTH LESS THAN 2 YEARS AGO ]
- 1 yes
- 2 no
- 3 don't know/refused
- Q8\_30 Do you still smoke at least one pipe a month?
- 1 yes
- 2 no
- 3 don't know/refused
- Q8\_301 [IF NO] When did you permanently stop smoking at least one pipe a month?
- Q8\_301A 1 age when stopped: \_\_\_\_ \_\_\_\_  
or
- Q8\_301B 2 year when stopped: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
or
- Q8\_301C 3 I stopped smoking \_\_\_\_ \_\_\_\_ years ago
- 4 don't know/refused
- Q8\_31 How many months or years in total did you smoke at least one pipe a month? (If you have stopped and restarted at least once, count only the time when you were smoking.)
- \_\_\_\_ \_\_\_\_ \_\_\_\_ total number of months  
or
- \_\_\_\_ \_\_\_\_ \_\_\_\_ total number of years  
don't know/refused = 999

**SECTION 9: HEIGHT AND WEIGHT**

Q9\_ This next set of questions are to gather some background information from you.

Q91 About how tall are you, without your shoes on?

Q91INCH \_\_\_ feet \_\_\_ inches

*or*

Q91CENT \_\_\_ centimeters

999 don't know/refused

Q92 How much did you weigh about two years ago?

Q92 \_\_\_ pounds

*or*

Q92KILOS \_\_\_ kilos

999 don't know/refused

Q93 How much did you weigh when you were about 20 years old?

Q93 \_\_\_ pounds

*or*

Q93KILOS \_\_\_ kilos

999 don't know/refused

**SECTION 10: DEMOGRAPHICS AND BACKGROUND INFORMATION**

Q10\_1 What is the highest level of education that you completed?

- 1 less than 8 years
- 2 8 to 11 years
- 3 high school graduate
- 4 vocational or technical school
- 5 some college or university
- 6 bachelor's degree
- 7 graduate degree
- 8 don't know/refused

Q10\_2 Now I'd like to ask you about the country of birth, race, and ethnicity for you, your parents, and your grandparents. [PROMPT: SCIENTISTS HAVE FOUND THAT DISEASES OFTEN OCCUR IN DIFFERENT PATTERNS FOR PEOPLE OF DIFFERENT BACKGROUNDS. WE WOULD LIKE TO KNOW IF THIS IS TRUE FOR COLORECTAL CANCER.]

Q10\_21 In what city, state, and country were you born?

\_\_\_\_\_

city birth  
don't know/refused = leave blank

\_\_\_\_ \_

state or province (if Canada) of birth [ENTER 2 LETTER ABBREVIATION]  
don't know/refused/outside USA or Canada = leave blank

\_\_\_\_\_

country of birth [ASK ONLY IF OUTSIDE U.S. TO BE CODED. SEE APPENDIX]  
don't know/refused = leave blank

Q10\_211 How many months or years have you lived in the U.S.?

- 1 all my life
- Q10\_211A 2 \_\_\_\_\_ number of months
- Q10\_211B 3 \_\_\_\_\_ number of years
- 4 don't know/refused

Q10\_22 What is your race? (as many as apply)

\_\_\_\_\_

[RACE TO BE CODED PER LIST BELOW]

- 1 Caucasian/White
- 2 African American/Black (except African; except Caribbean)
- 3 Latino, Hispanic, Mexican American, Mexican, Cuban, Puerto Rican
- 4 Japanese (includes Okinawan)
- 5 Chinese
- 6 Filipino, Malay, Indonesian
- 7 Korean
- 8 Southeast Asian (except Chinese) (such as Vietnamese, Laotian, Thai, Hmong, Kampuchean)
- 9 South Asian (such as Indian, Pakistani, Sri Lankan)
- 10 Native American, Inuit, Aleutian, First Nations Person
- 11 Polynesian (such as Hawaiian, Maori, Samoan, Tongan, Tahitian, Cook Islander)
- 12 Micronesian (such as Chamorran)
- 13 Australian Aboriginal
- 14 Melanesian (such as Fijian, New Guinean)

- 15 Caribbean Black (such as Jamaican, Trinidadian, Tobagonian)
- 16 Central/South American (such as Costa Rica, Salvadorian, Colombian, Brazilian)
- 17 Black African
- 18 North African (such as Egyptian, Algerian, Moroccan)
- 19 Middle Eastern (such as Iranian, Lebanese, Kuwaiti, Saudi)
- 21 Other
- 22 No more answers
- 23 Unknown/don't know/refused

Q10\_23 Are you, your parents or grandparents of Jewish descent?

[IF ADOPTED] Are you, your birth-parents or birth-grandparents of Jewish descent?

[PROMPT: RELIGION AND ETHNICITY SOMETIMES AFFECT DISEASE RISK. SCIENTIST HAVE FOUND THAT SOME GENETIC TRAITS ARE SOMETIMES MORE OR LESS COMMON AMONG JEWISH PEOPLE OF DIFFERENT ETHNIC BACKGROUNDS. WE WOULD LIKE TO KNOW IF THIS IS TRUE FOR GENES ASSOCIATED WITH COLORECTAL CANCER.]

- 1 yes
- 2 no →Q10\_2A1
- 3 don't know/refused →Q10\_2A1

Q10\_231A [IF YES, PLEASE SPECIFY] Whom?  
[PROMPT: YOU, YOUR PARENTS OR GRANDPARENTS]

- 1 all of us  
*or*
- 2 self
- 3 mother
- 4 father
- 5 mother's mother
- 6 mother's father
- 7 father's mother
- 8 father's father
- 9 no more answers
- 10 don't know/refused

Q10\_232 [SAME PROMPT AS ABOVE, IF NEEDED HERE] Were they . . . ?  
[PROBE: THE ANCESTORS OF ASHKENAZI JEWS ARE OFTEN ORIGINALLY FROM EASTERN EUROPEAN COUNTRIES.]

- 1 Ashkenazic
- 2 Sephardic
- 3 both [if so, identify specially who was Ashkenazi, who was Sephardic:
- 4 \_\_\_\_\_  
other
- 5 don't know/refused

In what country was your mother born?	Q10_2A1  [COUNTRY OF BIRTH. SEE APPENDIX FOR CODES]	Q10_2A2 What is [was] her race?  [RECORD AS MANY AS APPLY SEE Q10_22 FOR CODES]
In what country was your father born?	Q10_2B1  [COUNTRY OF BIRTH. SEE APPENDIX FOR CODES]	Q10_2B2 What is [was] his race?  [RECORD AS MANY AS APPLY SEE Q10_22 FOR CODES]
In what country was your mother's mother born?	Q10_2C1  [COUNTRY OF BIRTH. SEE APPENDIX FOR CODES]	Q10_2C2 What is [was] her race?  [RECORD AS MANY AS APPLY SEE Q10_22 FOR CODES]
In what country was your mother's father born?	Q10_2D1  [COUNTRY OF BIRTH. SEE APPENDIX FOR CODES]	Q10_2D2 What is [was] his race?  [RECORD AS MANY AS APPLY SEE Q10_22 FOR CODES]
In what country was your father's mother born?	Q10_2E1  [COUNTRY OF BIRTH. SEE APPENDIX FOR CODES]	Q10_2E2 What is [was] her race?  [RECORD AS MANY AS APPLY SEE Q10_22 FOR CODES]
In what country was your father's father born?	Q10_2F1  [COUNTRY OF BIRTH. SEE APPENDIX FOR CODES]	Q10_2F2 What is [was] his race?  [RECORD AS MANY AS APPLY SEE Q10_22 FOR CODES]

Q10\_3 Have you or your family participated in other research studies of familial cancer, or ever attended a genetic counseling session relating to cancer?

- 1 yes
- 2 no → Q10\_4
- 3 don't know/refused

Q10\_31 [IF YES] please specify study or session: \_\_\_\_\_

Q10\_4 About two years ago, which of the following best describes your total annual **household** income from all sources before taxes? [PROMPT: SCIENTISTS HAVE FOUND THAT DISEASES ARE SOMETIMES MORE OR LESS PREVALENT FOR PEOPLE OF DIFFERENT INCOME LEVEL. WE WOULD LIKE TO KNOW IF THIS IS TRUE FOR COLORECTAL CANCER.]

- 1 less than \$15,000
- 2 between \$15 - \$29,000
- 3 between \$30 - \$44,000
- 4 between \$45 - \$69,000
- 5 \$70,000 or more
- 6 don't know
- 7 refused

**FAMILIAL CASES → Q11\_1**

**FAMILIAL CONTROLS, FAMILIAL RELATIVES, OR HRT PARTICIPANTS OUTSIDE 3 CO. → Q\_11\_2**





**SECTION 12: RESIDENTIAL HISTORY**

**[SKIP IF RELATIVE]**

Q12\_1 The next questions are about where you have lived during your lifetime. First I would like to ask in what city, state, and country you spent the most time before the age of 25.

City: 12\_2CIT \_\_\_\_\_

State: 12\_2STA \_\_\_\_\_

Country: 12\_2COU \_\_\_\_\_

[ASK ONLY IF OUTSIDE U.S.]

don't know/refused = blank

Q12\_2 **[SKIP IF AGE IS LESS THAN 25]** Now I would like to ask where you have lived, for a year or more, since you turned 25. We are interested in the general area you lived in, so if you changed addresses within the same county, it does not count as a move. When you turned 25 where did you first live for a year or more?

City: 12\_2CIT \_\_\_\_\_

State: 12\_2STA \_\_\_\_\_

Country: 12\_2COU \_\_\_\_\_

[ASK ONLY IF OUTSIDE U.S.]

don't know/refused = blank

Q12\_2A When did you move from that location and county? [PROMPT AS NECESSARY: WE ARE ONLY INTERESTED IN MOVES TO A NEW COUNTY]

12\_2A1 1 age when moved \_\_\_ \_\_\_ \_\_\_ years

*or*

12\_2A2 2 year when moved? \_\_\_ \_\_\_ \_\_\_ .

*or*

12\_2A3 3 I moved from that location \_\_\_ \_\_\_ years ago.

4 I still live in that location → [BIOSPECIMEN COLLECTION]

5 don't know/refused

Q12\_3 Where did you next live for a year or more? [ITERATE FOR UP TO 25 LOCATIONS]

City: 12\_3CIT \_\_\_\_\_

State: 12\_3STA \_\_\_\_\_

Country: 12\_3COU \_\_\_\_\_

[ASK ONLY IF OUTSIDE U.S.]

don't know/refused = blank

Q12\_3A When did you move from that location and county? [PROMPT AS NECESSARY: WE ARE ONLY INTERESTED IN MOVES TO A NEW COUNTY]

12\_3A1 1 age when moved \_\_\_ \_\_\_ \_\_\_ years

*or*

12\_3A2 2 year when moved? \_\_\_ \_\_\_ \_\_\_ .

*or*

12\_3A3 3 I moved from that location \_\_\_ \_\_\_ years ago

4 I still live in that location → [BIOSPECIMEN COLLECTION]

5 don't know/refused

**BIOSPECIMEN COLLECTION:**

**[IF CASE OR AFFECTED RELATIVE, GO TO SCRIPT FOR TISSUE CONSENT]**

**[IF SFR CASE OR CONTROL GO TO SCRIPT FOR BLOOD COLLECTION]**

**[IF HRT-ONLY CASE OR CONTROL, GO TO SCRIPT FOR BUCCAL COLLECTION.]**

**[IF AFFECTED OR HIGH-RISK RELATIVE, GO TO SCRIPT FOR BLOOD COLLECTION]**