



FRED
HUTCHINSON
CANCER
RESEARCH
CENTER

**Baseline Family History and
Epidemiology/Risk Factors Questionnaire
Seattle Cancer Family Registry
Phase I – II (*approximately 2001 - 2004*)**

SIGNIFICANT MODIFICATIONS

**Physical Activity Section was revised and was administered
differently from other CFR centers**

(and remained so to the end of the Phase III, with the exception of one change in 2007)

NOTE:

This survey is formatted for computer-assisted telephone interview administration.
Question numbers and variable names are internal and specific to the Seattle CFR.

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_14D 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_3diab

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 SIGMOIDOSCOPY 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

- Q215A2 [IF YES] What type of cancer was it?
- Q215B2 [FOR 2nd CANCER FOR R] What was the second type of cancer?
- Q215C2 [FOR 3rd CANCER FOR R] What was the third type of cancer?
- Q215D2 [FOR 4th CANCER FOR R] What was the fourth type of cancer?
- Q215E2 [FOR 5th 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 Q215A5]

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 1ST REPORTED CANCER] Were you diagnosed with a second kind of cancer?

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

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

Q215E [FOLLOWING 4TH 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?

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 first 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 first 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 first 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 first 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 first 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 first 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 first 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	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
2 hysterectomy along with both ovaries	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
3 hysterectomy only [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED]	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
4 one ovary was removed, in whole or part, without hysterectomy	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
5 both ovaries were removed, without hysterectomy	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
6 other: _____	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
7 don't know	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

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

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 2nd CANCER FOR MOTHER] What was the second type of cancer?

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

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

Q441E2 [FOR 5th 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 1st REPORTED CANCER] Has/had your mother been diagnosed with a second kind of cancer?

Q441C0 [FOLLOWING 2nd REPORTED CANCER] Has/had your mother been diagnosed with a third kind of cancer?

Q441D0 [FOLLOWING 3rd REPORTED CANCER] Has/had your mother been diagnosed with a fourth kind of cancer?

Q441E0 [FOLLOWING 4th 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 2nd CANCER FOR FATHER] What was the second type of cancer?

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

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

Q442E2 [FOR 5th 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 1st REPORTED CANCER] Has/had your father been diagnosed with a second kind of cancer?

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

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

Q442E0 [FOLLOWING 4th 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><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"> 1 yes 2 no 3 don't know/refused 	<p>Q444_4 Is s/he still living?</p> <ol style="list-style-type: none"> 1 yes → Q444A0 2 no → Q444_5 3 don't know → Q444A0 	<p>Q444_5 [IF DECEASED] When did s/he die?</p> <p>Q444_6 1 __ __ __ __ <i>or</i></p> <p>Q444_7 2 at __ __ years <i>or</i></p> <p>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>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 2nd CANCER FOR SIBLING] What was the second type of cancer?
 Q444C2 [FOR 3rd CANCER FOR SIBLING] What was the third type of cancer?
 Q444D2 [FOR 4th CANCER FOR SIBLING] What was the fourth type of cancer?
 Q444E2 [FOR 5th 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)
26 LUNG	43 DON'T KNOW/REFUSED

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 1st REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a second kind of cancer?
 Q444C [FOLLOWING 2nd REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a third kind of cancer?
 Q444D [FOLLOWING 3rd REPORTED CANCER] Has/had this [brother/sister] been diagnosed with a fourth kind of cancer?
 Q444E [FOLLOWING 4th 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: ___ __ __ __ or</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 ___ __ __ __ or</p> <p>Q4451_7 2 at ___ __ years or</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: _____</p> <p>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 2nd CANCER FOR CHILD] What was the second type of cancer?

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

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

Q451E2 [FOR 5th 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
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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

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

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

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

Q451E [FOLLOWING 4th 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 2nd CANCER FOR CHILD] What was the second type of cancer?
 Q452C2 [FOR 3rd CANCER FOR CHILD] What was the third type of cancer?
 Q452D2 [FOR 4th CANCER FOR CHILD] What was the fourth type of cancer?
 Q452E2 [FOR 5th CANCER FOR CHILD] What was the fifth type of cancer?

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
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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 1st REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a second kind of cancer?
- Q452C [FOLLOWING 2nd REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a third kind of cancer?
- Q452D [FOLLOWING 3rd REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fourth kind of cancer?
- Q452E [FOLLOWING 4th 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 2nd 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 3rd 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 4th 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 2nd CANCER FOR CHILD] What was the second type of cancer?

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

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

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

10 ABDOMINAL	27 LYMPHOMA, HODGKINS
11 BASAL CELL CARCINOMA	28 MELANOMA
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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 1st REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a second kind of cancer?
- Q453C [FOLLOWING 2nd REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a third kind of cancer?
- Q453D [FOLLOWING 3rd REPORTED CANCER] Has/had this [son/daughter] been diagnosed with a fourth kind of cancer?
- Q453E [FOLLOWING 4th 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 2nd PARTNER] Was there third person with whom you had children?
- Q44515 [FOLLOWING SEQUENCE FOR CHILDREN WITH 3rd 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 2nd CANCER FOR RELATIVE] What was the second type of cancer?

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

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

Q46E2 [FOR 5th 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

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 1st REPORTED CANCER] Has/had this relative been diagnosed with a second kind of cancer?
- Q46C [FOLLOWING 2nd REPORTED CANCER] Has/had this relative been diagnosed with a third kind of cancer?
- Q46D [FOLLOWING 3rd REPORTED CANCER] Has/had this relative been diagnosed with a fourth kind of cancer?
- Q46E [FOLLOWING 4th 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 <30] Since turning 20... [IF AGE >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"> 1. AEROBICS, STEP AEROBICS, ETC. 2. BADMINTON, COMPETITIVE 3. BASEBALL, SOFTBALL, PITCHING 4. BASKETBALL 5. BICYCLING (RD, MTN, STATIONARY) 6. BOXING 7. CALISTHENICS, VIGOROUS 8. CLIMBING (SNOW, MTN, ROCK) 9. DANCE (ANY VIGOROUS TYPE) 10. FENCING 11. FOOTBALL OR RUGBY 12. GARDENING, MOWING WITH MANUAL MOWER 13. HAND/RACQUETBALL, SQUASH 14. HIKING, BACKPACKING 15. HOCKEY (FIELD, ICE) 16. HORSEBACK RIDING, TROTTING 17. JOGGING, TREADMILL (>10 mph) 18. JUMP ROPING 19. KICK BOXING 20. MARCHING (DRILL, MILITARY) 21. MARTIAL ARTS (KARATE, TAE KWON DO) 22. ROWING A BOAT (KAYAK, CANOE), ROWING MACHINE, RIGOROUS 23. RUNNING 24. [DELETED] 25. SCUBA OR SKIN DIVING (NOT SNORKLING) 26. SKATING (ROLLER, ICE, IN-LINE) 27. [DELETED] 28. SKIING, X-COUNTRY, NORDIC TRK 29. SKIING, SNOW, DOWN-HILL 30. SKIING, WATER 31. SNOWBOARDING 32. SNOW SHOEING 33. SOCCER 34. STAIRMASTER, CLIMBING STAIRS 35. [DELETED] 36. SWIMMING LAPS 37. TENNIS 38. VOLLEYBALL (BEACH) 39. WALKING STRENUOUSLY 40. WATER AEROBICS 41. WEIGHTLIFTING, VIGOROUS 42. WRESTLING 43. YOGA 44. OTHER (SPECIFY) 45. NONE/NO MORE <p>Q6_10A _____ (1st) Q6_10B _____ (2nd) Q6_10C _____ (3rd)</p>	<p>Q6_10D How many years did you ... [1st ACTIVITY]? ___ ___ # of years [MAX=10]</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 ... [1st ACTIVITY]? ___ ___ hours per week</p> <ul style="list-style-type: none"> • [IF 2ND ACTIVITY IS SPECIFIED IN Q6_10B → Q6_10G • IF A 2ND ACTIVITY IS NOT SPECIFIED AND AGE <30 → Q6_11A. • IF A 2ND ACTIVITY IS NOT SPECIFIED AND AGE >29 → Q6_10A FOR 30s AND 40s.] 	<p>Q6_10G How many years did you ... [2nd ACTIVITY]? ___ ___ # of years [MAX=10]</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 ... [2nd ACTIVITY]? ___ ___ hours per week</p> <ul style="list-style-type: none"> • [IF 3RD ACTIVITY IS SPECIFIED IN Q6_10C → Q6_10J • IF A 3RD ACTIVITY IS NOT SPECIFIED AND AGE <30 → Q6_11A • IF A 3RD ACTIVITY IS NOT SPECIFIED AND AGE >29 → Q6_10A FOR 30s AND 40s.] 	<p>Q6_10J How many years did you ... [3rd ACTIVITY]? ___ ___ # of years [MAX=10]</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 ... [3rd ACTIVITY]? ___ ___ hours per week</p> <ul style="list-style-type: none"> • [IF AGE <30 → Q6_11A • IF AGE >29 → Q6_10A FOR 30s AND 40s.]

SKIP IF AGE <30 → Q6_11A Q6_10A When you were in your 30s & 40s what strenuous activities or sports did you participate in most?	SKIP IF R DID NOT PARTICIPATE IN ANY STRENUOUS ACTIVITY IN 30s & 40s. [FIRST ACTIVITY]	SKIP IF R PARTICIPATED IN ONLY 1 ACTIVITY IN 30s & 40s. [SECOND ACTIVITY]	SKIP IF R PARTICIPATED IN ONLY 2 ACTIVITIES IN 30s & 40s. [THIRD ACTIVITY]
<p>[LIST OF ACTIVITIES]</p> <ol style="list-style-type: none"> 1. AEROBICS, STEP AEROBICS, ETC. 2. BADMINTON, COMPETITIVE 3. BASEBALL, SOFTBALL, PITCHING 4. BASKETBALL 5. BICYCLING (RD, MTN, STATIONARY) 6. BOXING 7. CALISTHENICS, VIGOROUS 8. CLIMBING (SNOW, MTN, ROCK) 9. DANCE (ANY VIGOROUS TYPE) 10. FENCING 11. FOOTBALL OR RUGBY 12. GARDENING, MOWING WITH MANUAL MOWER 13. HAND/RACQUETBALL, SQUASH 14. HIKING, BACKPACKING 15. HOCKEY (FIELD, ICE) 16. HORSEBACK RIDING, TROTTING 17. JOGGING, TREADMILL (> 10 mph) 18. JUMP ROPING 19. KICK BOXING 20. MARCHING (DRILL, MILITARY) 21. MARTIAL ARTS (KARATE, TAE KWON DO) 22. ROWING A BOAT (KAYAK, CANOE), ROWING MACHINE, VIGOROUS 23. RUNNING 24. [DELETED] 25. SCUBA OR SKIN DIVING (NOT SNORKLING) 26. SKATING (ROLLER, ICE, IN-LINE) 27. [DELETED] 28. SKIING, X-COUNTRY, NORDIC TRK 29. SKIING, SNOW, DOWN-HILL 30. SKIING, WATER 31. SNOWBOARDING 32. SNOW SHOEING 33. SOCCER 34. STAIRMASTER, CLIMBING STAIRS 35. [DELETED] 36. SWIMMING LAPS 37. TENNIS 38. VOLLEYBALL (BEACH) 39. WALKING STRENUOUSLY 40. WATER AEROBICS 41. WEIGHTLIFTING, VIGOROUS 42. WRESTLING 43. YOGA 44. OTHER (SPECIFY) 45. NONE/NO MORE <p>Q6_10A _____ (1st) Q6_10B _____ (2nd) Q6_10C _____ (3rd)</p>	<p>Q6_10D How many years did you . . . [1st ACTIVITY]? ____ # of years [MAX = 20]</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 . . . [1st ACTIVITY]? ____ hours per week</p> <ul style="list-style-type: none"> • [IF 2ND ACTIVITY IS SPECIFIED IN Q6_10B → Q6_10G • IF A 2ND ACTIVITY IS NOT SPECIFIED AND AGE <50 → Q6_11A. • IF A 2ND ACTIVITY IS NOT SPECIFIED AND AGE >49 → Q6_10A FOR SINCE 50.] 	<p>Q6_10G How many years did you . . . [1st ACTIVITY]? ____ # of years [MAX = 20]</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 . . . [2nd ACTIVITY]? ____ hours per week</p> <ul style="list-style-type: none"> • [IF 3RD ACTIVITY IS SPECIFIED IN Q6_10C → Q6_10J • IF A 3RD ACTIVITY IS NOT SPECIFIED AND AGE <50 → Q6_11A • IF A 3RD ACTIVITY IS NOT SPECIFIED AND AGE >49 → Q6_10A FOR SINCE 50.] 	<p>Q6_10J How many years did you . . . [1st ACTIVITY]? ____ # of years [MAX = 20]</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 . . . [3rd ACTIVITY]? ____ hours per week</p> <ul style="list-style-type: none"> • [IF AGE <50 → Q6_11A]

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

<p>Q6_11A [IF AGE <30] Since turning 20, what was your usual occupation? [IF AGE >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 < 30 Q6_11B When you were in your 30s & 40s, what was your usual occupation?</p>	<p>SKIP IF AGE < 50 Q6_11C Since turning 50, what was your usual occupation?</p>
<p>_____</p> <p>[TO BE CODED]</p> <p>π don't know/refused</p>	<p>_____</p> <p>[TO BE CODED]</p> <p>π don't know/refused</p>	<p>_____</p> <p>[TO BE CODED]</p> <p>π 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 beer 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 hard cider ? [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 wine ? [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 <30] Since turning 20. . . [IF AGE >29] In your 20s. . .</p> <p>. . . did you ever drink fortified wines, such as sake, sherry, or port? [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] 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 <30] Since turning 20. . . [IF AGE >29] In your 20s. . .</p> <p>. . . did you ever drink liquor or mixed drinks? [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <p>1 yes → Q7_15A 2 no (see skip pattern below) 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 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] 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 total 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] 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>

<p>[IF YES]</p> <p>Q7_15 In your 30s & 40s, did you ever drink liquor or mixed drinks? [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 total 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 beer at least once a week for 6 months or longer?</p> <ul style="list-style-type: none"> 1 yes → Q7_11A 2 no → Q7_12 3 don't know/refused → Q7_12 	<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 hard cider? [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ul style="list-style-type: none"> 1 yes → Q7_12A 2 no → Q7_13 3 don't know/refused → Q7_13 	<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 wine? [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ul style="list-style-type: none"> 1 yes → Q7_13A 2 no → Q7_14 3 don't know/refused → Q7_14 	<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 fortified wines, such as sake, sherry, or port? [PROMPT: AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER]</p> <ul style="list-style-type: none"> 1 yes → Q7_14A 2 no → Q7_15 3 don't know/refused → Q7_15 	<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 liquor or mixed drinks?[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 [<i>MAX=98</i>]</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 total 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 [<i>MAX=98</i>]</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 [<i>MAX=98</i>] [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 11: CONTACT INFORMATION

Q11_1 As part of this study we hope to contact other family members to talk about their history and experiences in the same way as we have with you today

[ONLY ASK FOR CONTACT INFO IF PERSON IS LIVING]			
May we have permission to contact your mother?	Name:	Address:	Phone:
May we have permission to contact your father?	Name:	Address:	Phone:
May we have permission to contact your sister(s)? (they may be full or half sisters)	(ITERATE PER SISTER) Name:	Address:	Phone:
May we have permission to contact your brother(s)? (they may be full or half brothers)	(ITERATE PER BROTHER) Name:	Address:	Phone:
May we have permission to contact your daughter(s)?	(ITERATE PER DAUGHTER) Name:	Address:	Phone:
May we have permission to contact your son(s)?	(ITERATE PER SON) Name:	Address:	Phone:

Q11_2_ In case we need to contact you in the future and you have moved, could we have the name of someone who is not living with you to whom we might write or call for your new address?

Name of relative or friend:

Q11_2A _____
name

Q11_2A1 relationship (sister, friend) _____

His or her address:

Q11_2B _____
address1

Q11_2C _____
address2

Q11_2D _____
city

Q11_2E _____
state

Q11_2F _____
zip

Phone number: Q11_2G Q11_2H Q11_2I
 () _____ _____

It would be very helpful if you could tell me your Social Security number. It would be kept strictly confidential and would be used only to identify you in relation to this research. Would you be willing to provide it?

 Q11_3 Q11_3A Q11_3B
 _____ - _____ - _____
no/don't know=0