



FRED
HUTCHINSON
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CENTER

Follow-up Family History and Epidemiology/Risk Factors Questionnaire Seattle Cancer Family Registry

For enrollees whose first follow-up occurred during Phase II

NOTES:

This survey is formatted for computer-assisted telephone interview administration. Question numbers and variable names are primarily internal, Seattle CFR-specific. CFR-data dictionary identifiers, if present, are shown in (CAPS AND PARENTHESES).

SECTION 1: IDENTIFICATION, INTRODUCTION

Q_FU_IV_DT [INTERVIEW DATE]
[ENTER MONTH] __ __
[ENTER DAY] __ __
[ENTER YEAR] __ __ __ __

(BL_IV_DT)
Q_BL_IV_DT *You completed the first questionnaire/health survey for us in (MONTH, YEAR). The questions we will be asking you today are about the time period since that interview.*

(AGE_EPI_FU)
Q_AGE **What is your age today?**
[FILL IN AGE] __ __ __ [DON'T KNOW/REFUSED, ENTER 999]

(DOB_FU)
Q_BIRTH **What is your date of birth?**
[ENTER MONTH] __ __ [DON'T KNOW/REFUSED MONTH, ENTER 99]
[ENTER DAY] __ __ [DON'T KNOW/REFUSED DAY, ENTER 99]
[ENTER YEAR] __ __ __ __ [DON'T KNOW/REFUSED YEAR, ENTER 9999]

SECTION 2: PERSONAL MEDICAL HISTORY, MEDICATIONS, SCREENING

The next questions ask about medical tests you might have had since you completed the last interview in (MM/YY).

Q_FOBT *A fecal occult blood test (FOBT) is a test using specially treated cards to detect the presence of blood in the stool. It is also called a stool smear test or a hemocult test. This test may be done as part of a routine physical exam, or at home using a kit that contains 3 cards.*

(HEMOCCULT_FU)
Q_FOBT_SB *Since the date of your last interview (MM/YY), have you had a fecal occult blood test (FOBT)?*
1 YES
2 NO [➔ GO TO Q_SIG]
9 DON'T KNOW/REFUSED [➔ GO TO Q_SIG]

(HEMOCCULT_NO_FU)
Q_FOBT_N [IF YES] *Since the date of your last interview (MM/YY), how many separate tests have you had?*
[ENTER NUMBER OF TESTS SINCE LAST INTERVIEW] __ __
[DON'T KNOW/REFUSED, ENTER 99]

(HEMOCCULT_LST_AGE_FU)
Q_FOBT_W **When did you have the most recent test [SINCE YOUR LAST INTERVIEW]?**
1 [ENTER AGE AT MOST RECENT FOBT] __ __ __ or
2 [ENTER YEAR OF MOST RECENT FOBT] __ __ __ __ or
3 [ENTER NUMBER OF YEARS SINCE MOST RECENT FOBT] __ __
9 DON'T KNOW/REFUSED
[TRANSMITTED TO IC AS AGE @ X]

- Q_FOBT_R **What were the reasons for the most recent test?** [SELECT ALL THAT APPLY]
- 1 TO INVESTIGATE A NEW PROBLEM (H_LST_PROBLEM_FU)
 - 2 FAMILY HISTORY OF COLORECTAL CANCER (H_LST_FAMHX_FU)
 - 3 ROUTINE EXAM OR CHECK-UP (H_LST_ROUTINE_FU)
 - 4 FOLLOW-UP OF A PREVIOUS PROBLEM (H_LST_FU_PROB_FU)
 - 5 OTHER, SPECIFY: _____ (H_LST_OTHER_FU, H_LST_OTH_TEXT_FU)
 - 9 DON'T KNOW/REFUSED

(SIGSCOPE_FU)

Q_SIG_SB **There are two procedures that look inside the bowel using a lighted tube.**

In a sigmoidoscopy, the examination is limited to the lower colon [bowel] and rectum and is usually done in a doctor's office without anesthesia.

In a colonoscopy, the entire large colon [bowel] is examined and a medication in a vein is usually given to relax you or make you sleepy. In preparing for the colonoscopy, you may have had an enema suppository or solution inserted into the rectum, or you would have taken between 1/4 and 1 gallon of liquid preparation, such as Golytely or Oral Fleets, the day before the procedure to empty your bowels. You may also have been on a liquid diet.

Since the date of your last interview (MM/YY), have you had a sigmoidoscopy?

- 1 YES
- 2 NO [→ GO TO Q_COL_SB]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_COL_SB]

(SIGSCOPE_NO_FU)

Q_SIG_N [IF YES] **Since the date of your last interview, how many separate sigmoidoscopies have you had?**
 [ENTER NUMBER OF SIGMOIDOSCOPIES SINCE LAST INTERVIEW] ___
 [DON'T KNOW/REFUSED, ENTER 99]

(SIGSCOPE_LST_AGE_FU)

Q_SIG_W **When did you have the most recent sigmoidoscopy [SINCE YOUR LAST INTERVIEW]?**

- 1 [ENTER AGE AT MOST RECENT SIGMOIDOSCOPY] ___ or
- 2 [ENTER YEAR OF MOST RECENT SIGMOIDOSCOPY] ___ or
- 3 [ENTER NUMBER OF YEARS SINCE MOST RECENT SIGMOIDOSCOPY] ___
- 9 DON'T KNOW/REFUSED

[TRANSMITTED TO IC AS AGE @ X]

Q_SIG_R **What were the reasons for the most recent sigmoidoscopy?** [SELECT ALL THAT APPLY]

- 1 TO INVESTIGATE A NEW PROBLEM (SIG_LST_PROBLEM_FU)
- 2 FAMILY HISTORY OF COLORECTAL CANCER (SIG_LST_FAMHX_FU)
- 3 ROUTINE EXAM OR CHECK-UP (SIG_LST_ROUTINE_FU)
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM (SIG_LST_FU_PROB_FU)
- 5 OTHER: _____ (SIG_LST_OTHER_FU, SIG_LST_OTHER_TEXT_FU)
- 9 DON'T KNOW/REFUSED

(COLSCOPE_FU)

Q_COL_SB *Since the date of your last interview (MM/YY), have you had a colonoscopy?*

- 1 YES
- 2 NO [→ GO TO Q_BARIUM]
- 9 DON'T KNOW [→ GO TO Q_BARIUM]

(COLSCOPE_NO_FU)

Q_COL_N [IF YES] *Since the date of your last interview, how many separate colonoscopies have you had?*

[ENTER NUMBER OF COLONOSCOPIES SINCE LAST INTERVIEW] ___ __
[DON'T KNOW/REFUSED, ENTER 99]

(COLSCOPE_LST_AGE_FU)

Q_COL_W *When did you have the most recent colonoscopy [SINCE YOUR LAST INTERVIEW]??*

- 1 [ENTER AGE AT MOST RECENT COLONOSCOPY] ___ __ or
 - 2 [ENTER YEAR OF MOST RECENT COLONOSCOPY] ___ __ or
 - 3 [ENTER NUMBER OF YEARS SINCE MOST RECENT COLONOSCOPY] ___ __
 - 9 DON'T KNOW/REFUSED
- [TRANSMITTED TO IC AS AGE @ X]

Q_COL_R *What were the reasons for the most recent colonoscopy? [SELECT ALL THAT APPLY]*

- 1 TO INVESTIGATE A NEW PROBLEM (C_LST_PROBLEM_FU)
- 2 FAMILY HISTORY OF COLORECTAL CANCER (C_LST_FAMHX_FU)
- 3 ROUTINE EXAM OR CHECK-UP (C_LST_ROUTINE_FU)
- 4 FOLLOW-UP OF A PREVIOUS PROBLEM (C_LST_FU_PROB_FU)
- 5 OTHER: _____(C_LST_OTHER_FU, C_LST_OTHER_TEXT_FU)
- 9 DON'T KNOW/REFUSED

(BARIUM_EVER_FU)

Q_BAR_E *A barium enema (BE) is an x-ray examination of your colon. In this procedure, a barium solution, and usually air, is infused into the colon [bowel] through the rectum, allowing the organs to be seen on x-ray. Have you ever had a barium enema/x-ray test?*

- 1 YES
- 2 NO [→ GO TO Q_VIRTUAL]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_VIRTUAL]

(BARIUM_NO_FU)

Q_BAR_N [IF YES] *How many separate barium enemas have you had?*

[ENTER TOTAL NUMBER OF BARIUM ENEMAS] ___ __
[DON'T KNOW/REFUSED, ENTER 99]

(BARIUM_1ST_AGE_FU)

Q_BAR_F_W *When did you have the first barium enema?*

- 1 [ENTER AGE AT FIRST BARIUM ENEMA] ___ __ or
- 2 [ENTER YEAR OF FIRST BARIUM ENEMA] ___ __ or
- 3 [ENTER NUMBER OF YEARS SINCE FIRST BARIUM ENEMA] ___ __
- 9 DON'T KNOW/REFUSED

- Q_BAR_F_R **What were the reasons for the first barium enema?** [SELECT ALL THAT APPLY]
- 1 TO INVESTIGATE A NEW PROBLEM (B_1ST_PROBLEM_FU)
 - 2 FAMILY HISTORY OF COLORECTAL CANCER (B_1ST_FAMHX_FU)
 - 3 ROUTINE EXAM OR CHECK-UP (B_1ST_ROUTINE_FU)
 - 4 FOLLOW-UP OF A PREVIOUS PROBLEM (B_1ST_FU_PROB_FU)
 - 5 OTHER, SPECIFY: _____ (B_1ST_OTHER_FU) (B_1ST_OTH_TEXT_FU)
 - 9 DON'T KNOW/REFUSED

(BARIUM_LST_AGE_FU)

- Q_BAR_L_W [IF Q_BAR_N >1] **When did you have the most recent barium enema?**
- 1 [ENTER AGE AT MOST RECENT BARIUM ENEMA] _ _ _ or
 - 2 [ENTER YEAR OF MOST RECENT BARIUM ENEMA] _ _ _ _ or
 - 3 [ENTER NUMBER OF YEARS SINCE MOST RECENT BARIUM ENEMA] _ _
 - 9 DON'T KNOW/REFUSED
- [TRANSMITTED TO IC AS AGE @ X]

- Q_BAR_L_R **What were the reasons for the most recent barium enema?** [SELECT ALL THAT APPLY]
- 1 TO INVESTIGATE A NEW PROBLEM (B_LST_PROBLEM_FU)
 - 2 FAMILY HISTORY OF COLORECTAL CANCER (B_LST_FAMHX_FU)
 - 3 ROUTINE EXAM OR CHECK-UP (B_LST_ROUTINE_FU)
 - 4 FOLLOW-UP OF A PREVIOUS PROBLEM (B_LST_FU_PROB_FU)
 - 5 OTHER: _____ (B_LST_OTHER_FU, B_LST_OTH_TEXT_FU)
 - 9 DON'T KNOW/REFUSED

(VIRTUAL_C_EVER_FU)

- Q_VIRTUAL **Have you ever had a colonograph, also known as a virtual colonoscopy? In preparing for the virtual colonoscopy, you may have had an enema or taken a liquid preparation, such as Golytely or Oral Fleets, the day before the procedure to empty your bowels. THIS IS A PROCEDURE THAT USES A CT SCAN TO CREATE AN IMAGE OF THE COLON. THIS PROCEDURE IS NOT WIDELY AVAILABLE AT THIS TIME. DO NOT INCLUDE WHOLE BODY SCAN.**
- 1 YES
 - 2 NO
 - 9 DON'T KNOW/REFUSED

(POLYPS_FU)

Q_POLYP *Since the date of your last interview (MM/YY), has a doctor told you that you had polyps in your large bowel or colon or rectum? Be sure to think about all polyps that were found in any of the procedures you had since your last interview—not just ones that may have been found during your most recent procedure.*

- 1 YES
- 2 NO [→ GO TO Q_CRSRG_SB]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_CRSRG_SB]

(POLYP_REM_FU)

Q_POLYP_R [IF YES] *Since the date of your last interview (MM/YY) have you had any polyps removed?*

- 1 YES
- 2 NO [→ GO TO Q_CRSRG_SB]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_CRSRG_SB]

(POLYP_REM_NO_FU)

Q_POLYP_R_N *Since the date of your last interview, on how many separate occasions have you had polyps removed?*

[ENTER NUMBER OF POLYPECTOMIES SINCE LAST INTERVIEW] ___

[DON'T KNOW/REFUSED, ENTER 99]

1st POLYPECTOMY	2nd POLYPECTOMY	3rd POLYPECTOMY
(POLYP_REM1_AGE_FU) Q_POLYP_R1_W <i>Since the date of your last interview, when did you first have polyps removed?</i>	(POLYP_REM2_AGE_FU) Q_POLYP_R2_W <i>Since the date of your last interview, when did you next have polyps removed?</i>	(POLYP_REM3_AGE_FU) Q_POLYP_R3_W <i>Since the date of your last interview, when did you next have polyps removed?</i>
1 [AGE AT] ___ or 2 [YEAR OF] ___ or 3 [YEARS SINCE] ___ 9 DON'T KNOW/REFUSED	1 [AGE AT] ___ or 2 [YEAR OF] ___ or 3 [YEARS SINCE] ___ 9 DON'T KNOW/REFUSED	1 [AGE AT] ___ or 2 [YEAR OF] ___ or 3 [YEARS SINCE] ___ 9 DON'T KNOW/REFUSED
[IF POLYPECTOMIES =1 → Q_CRSRG_SB] [IF POLYPECTOMIES >1 → Q_POLYP_R2_W]	[IF POLYPECTOMIES =2 → Q_CRSRG_SB] [IF POLYPECTOMIES >2 → Q_POLYP_R3_W]	

(CRSRG_FU)

Q_CRSRG_SB *Since the date of your last interview (MM/YY), have you had surgery to remove any of your colon or large bowel?*

- 1 YES
- 2 NO [→ GO TO Q_CANCER1]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_CANCER1]

(CRSRG_NO_FU)

Q_CRSRG_N [IF YES] *Since your last interview, how many surgeries on your colon have you had?*

[ENTER NUMBER OF SURGERIES SINCE LAST INTERVIEW] ___

[DON'T KNOW/REFUSED, ENTER 99]

<u>1st CR SURGERY</u>	<u>2nd CR SURGERY</u>	<u>3rd CR SURGERY</u>
(CRSRG1_AGE_FU) Q_CRSRG1_W <i>Since the date of your last interview, when did you first have this surgery?</i> 1 [AGE AT S] _____ or 2 [YEAR OF S] _____ or 3 [YEARS SINCE S] ____ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @ X]	(CRSRG2_AGE_FU) Q_CRSRG2_W <i>Since the date of your last interview, when did you next have this surgery?</i> 1 [AGE AT S] _____ or 2 [YEAR OF S] _____ or 3 [YEARS SINCE S] ____ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @ X]	(CRSRG3_AGE_FU) Q_CRSRG3_W <i>Since the date of your last interview, when did you next have this surgery?</i> 1 [AGE AT S] _____ or 2 [YEAR OF S] _____ or 3 [YEARS SINCE S] ____ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @ X]
(CRSRG1_T_FU) Q_CRSRG1_T <i>During that surgery, was your colon completely or only partially removed?</i> 1 COMPLETELY 2 PARTIALLY 9 DON'T KNOW/REFUSED	(CRSRG2_T_FU) Q_CRSRG2_T <i>During that surgery, was your colon completely or only partially removed?</i> 1 COMPLETELY 2 PARTIALLY 9 DON'T KNOW/REFUSED	(CRSRG3_T_FU) Q_CRSRG3_T <i>During that surgery, was your colon completely or only partially removed?</i> 1 COMPLETELY 2 PARTIALLY 9 DON'T KNOW/REFUSED
Q_CRSRG1_R <i>What were the reasons for that surgery? [SELECT ALL THAT APPLY]</i> 1 CANCER (CRSRG1_R_CAN_FU) 2 DIVERTICULAR DISEASE (CRSRG1_R_DIV_FU) 3 ULCERATIVE COLITIS (CRSRG1_R_COLITIS_FU) 4 INFLAMMATORY BOWEL DISEASE (CRSRG1_R_IBS_FU) 5 CROHN'S DISEASE (CRSRG1_R_CROHN_FU) 6 OTHER, SPECIFY: (CRSRG1_R_OTHER_FU) (CRSRG1_R_OTH_TEXT_FU) _____ 9 DON'T KNOW/REFUSED	Q_CRSRG2_R <i>What were the reasons for that surgery [SELECT ALL THAT APPLY]</i> 1 CANCER (CRSRG2_R_CAN_FU) 2 DIVERTICULAR DISEASE (CRSRG2_R_DIV_FU) 3 ULCERATIVE COLITIS (CRSRG2_R_COLITIS_FU) 4 INFLAMMATORY BOWEL DISEASE (CRSRG2_R_IBS_FU) 5 CROHN'S DISEASE (CRSRG2_R_CROHN_FU) 6 OTHER, SPECIFY: (CRSRG2_R_OTHER_FU) (CRSRG2_R_OTH_TEXT_FU) _____ 9 DON'T KNOW/REFUSED	Q_CRSRG3_R <i>What were the reasons for that surgery [SELECT ALL THAT APPLY]</i> 1 CANCER (CRSRG3_R_CAN_FU) 2 DIVERTICULAR DISEASE (CRSRG3_R_DIV_FU) 3 ULCERATIVE COLITIS (CRSRG3_R_COLITIS_FU) 4 INFLAMMATORY BOWEL DISEASE (CRSRG3_R_IBS_FU) 5 CROHN'S DISEASE (CRSRG3_R_CROHN_FU) 6 OTHER, SPECIFY: (CRSRG3_R_OTHER_FU) (CRSRG3_R_OTH_TEXT_FU) _____ 9 DON'T KNOW/REFUSED
[IF # SURGERIES =1 → GO TO Q_CANCER1] [IF # SURGERIES >1 → GO TO Q_CRSRG2_W]	[IF # SURGERIES =2 → GO TO Q_CANCER1] [IF # SURGERIES >2 → GO TO Q_CRSRG3_W]	

CANCER HISTORY

(CANCER_TOLD1_FU)

Q_CANCER1 *Since the date of your last interview (MM/YY), has a doctor told you that you had any type of cancer, leukemia or malignant tumor?*

- 1 YES
- 2 NO [➔ GO TO Q_MEDS]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_MEDS]

1ST CANCER	2ND CANCER	3RD CANCER
(SITE1_FU) Q_CANCER_1T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] __ __	(SITE2_FU) Q_CANCER_2T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] __ __	(SITE3_FU) Q_CANCER_3T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] __ __
(AGEDX1_FU) Q_CANCER_1W <i>When did your doctor first tell you that you had this type of cancer?</i> 1 [ENTER AGE @ DX] ____ or 2 [ENTER YR @ DX] ____ or 3 [ENTER YRS SINCE DX] __ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @ X]	(AGEDX2_FU) Q_CANCER_2W <i>When did your doctor first tell you that you had this type of cancer?</i> 1 [ENTER AGE @ DX] ____ or 2 [ENTER YR @ DX] ____ or 3 [ENTER YRS SINCE DX] __ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @ X]	(AGEDX3_FU) Q_CANCER_3W <i>When did your doctor first tell you that you had this type of cancer?</i> 1 [ENTER AGE @ DX] ____ or 2 [ENTER YR @ DX] ____ or 3 [ENTER YRS SINCE DX] __ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @ X]
(CANCER_TOLD2_FU) Q_CANCER_2 <i>Were you diagnosed with another kind of cancer since your last interview?</i> 1 YES [➔Q_CANCER_2T] 2 NO [➔Q_MEDS] 9 DK/REF [➔Q_MEDS]	(CANCER_TOLD3_FU) Q_CANCER_3 <i>Were you diagnosed with another kind of cancer since your last interview?</i> 1 YES [➔Q_CANCER_3T] 2 NO [➔Q_MEDS] 9 DK/REF [➔Q_MEDS]	

INTERNAL NOTE: REQUEST CONSENT TO COLLECT PATHOLOGY RPT FOR CRC

CANCER CODES 10 ABDOMINAL 11 BASAL CELL CARCINOMA 12 BLADDER 13 BLOOD 14 BONE 15 BRAIN 16 BREAST 17 CERVICAL 18 COLON 19 COLORECTAL 20 ENDOMETRIAL 21 ESOPHAGEAL	22 INTESTINAL 23 KIDNEY 24 LEUKEMIA (ACUTE, CHRONIC, OTHER) 25 LIVER 26 LUNG 27 LYMPHOMA, HODGKINS 28 MELANOMA 29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC) 30 OVARIAN 31 PANCREATIC 32 PROSTATE	33 RECTAL 34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA 35 SPINAL 36 SQUAMOUS CELL CARCINOMA 37 STOMACH 38 TESTICULAR 39 THROAT 40 THYROID 41 UTERINE 42 OTHER (SPECIFY): _____ 99 DON'T KNOW/REFUSED
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MEDICATIONS

Q_MEDS *These next questions ask about medications you may have taken since your last interview, beginning with a number of types of common pain relievers such as aspirin, NSAIDS and acetaminophen.*

(ASPIRIN_FU)

Q_ASPRN_SB *Since the date of your last interview (MM/YY), have you ever taken aspirin, such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin, at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_NSAID_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_NSAID_SB]

(ASPIRIN_FRQ_FU) ; (ASPIRIN_INT_FU)

Q_ASPRN_F [IF YES] *Since the date of your last interview, how often did you take aspirin, when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(ASPIRIN_LEN_FU) ; (ASPIRIN_TIME_FU)

Q_ASPRN_D *Since your last interview, how many months or years in total did you take aspirin at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(IBUPROFEN_FU)

Q_NSAID_SB *Since the date of your last interview (MM/YY), have you ever taken any other non-steroidal anti-inflammatory drugs such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least 2 times a week for more than a month? [DO NOT INCLUDE COX-2 INHIBITORS]*

- 1 YES
- 2 NO [➔ GO TO Q_COX2_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_COX2_SB]

(IB_FRQ_FU) ; (IB_INT_FU)

Q_NSAID_F [IF YES] *Since the date of your last interview, how often did you take type of medication [IBUPROFEN, ADVIL, ALEVE, MOTRIN, NUPRIN, OR MEDIPREN], when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(IB_LEN_FU) ; (IB_TIME_FU)

Q_NSAID_D *Since your last interview, how many months or years in total did you take this type of medication [IBUPROFEN, ADVIL, ALEVE, MOTRIN, NUPRIN, MEDIPREN], at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(COX2_FU)

Q_COX2_SB *Since the date of your last interview, have you ever taken Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib, also known as COX-2 Inhibitors, at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_ACETM_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_ACETM_SB]

(COX2_FRQ_FU); (?? COX2_INT_FU)

Q_COX2_F [IF YES] *Since the date of your last interview, how often did you take this medication [CELEBREX, CELECOXIB, VIOXX, ROFECOXIB], when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(COX2_LEN_FU); (COX2_TIME_FU)

Q_COX2_D *Since your last interview, how many months or years in total did you take type of medication [CELEBREX, CELECOXIB, VIOXX, ROFECOXIB], at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(ACETAMIN_FU)

Q_ACETM_SB *Since the date of your last interview (MM/YY), have you ever taken acetaminophen-based medications, such as Tylenol, Anacin-3, or Panadol, at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_MULTI_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_MULTI_SB]

(ACET_FRQ_FU); (ACET_INT_FU)

Q_ACETM_F [IF YES] *Since the date of your last interview (MM/YY), how often did you take type of medication [ACETAMINOPHEN-BASED MEDICATIONS], when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(ACET_LEN_FU); (ACET_TIME_FU)

Q_ACETM_D *Since your last interview, how many months or years in total did you take type of medication [ACETAMINOPHEN-BASED MEDICATIONS] at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(MULTIVITAMIN_FU)

Q_MULTI_SB *Since the date of your last interview (MM/YY), have you taken multivitamin pills or tablets, not individual vitamins, at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_FOLIC_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_FOLIC_SB]

(MV_FRQ_FU); (MV_INT_FU)

Q_MULTI_F [IF YES] *Since the date of your last interview (MM/YY), how often did you take multivitamin pills or tablets, when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(MV_LEN_FU); (MV_TIME_FU)

Q_MULTI_D *Since the date of your last interview (MM/YY), how many months or years in total did you take multivitamins at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(FOLATE_FU)

Q_FOLIC_SB *Since the date of your last interview (MM/YY), have you taken folic acid or folate pills or tablets at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_CALC_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_CALC_SB]

(FA_FRQ_FU); (FA_INT_FU)

Q_FOLIC_F [IF YES] *Since the date of your last interview, how often did you take folate or folic acid, when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(FA_LEN_FU); (FA_TIME_FU)

Q_FOLIC_D *Since your last interview, how many months or years in total did you take folate or folic acid at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(CALCIUM_FU)

Q_CALC_SB *Since the date of your last interview (MM/YY), have you taken calcium pills or tablets [NOT INCLUDING ANTACIDS] at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_ANTAC_SB]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_ANTAC_SB]

(CALCIUM_FRQ_FU); (CALCIUM_INT_FU)

Q_CALC_F [IF YES] *Since the date of your last interview, how often did you take calcium pills, when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(CALCIUM_LEN_FU); (CALCIUM_TIME_FU)

Q_CALC_D *Since your last interview, how many months or years in total did you take calcium at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

(ANTACIDS_FU)

Q_ANTAC_SB *Since the date of your last interview (MM/YY), have you taken calcium-based antacids SUCH AS TUMS, ROLAIDS, EXTRA-STRENGTH ROLAIDS, ALKA-MINTS, CHOOZ ANTACID GUM at least 2 times a week for more than a month?*

- 1 YES
- 2 NO [➔ GO TO Q_WEIGHT]
- 9 DON'T KNOW/REFUSED [➔ GO TO Q_WEIGHT]

(ANTACID_FRQ_FU); (ANTACID_INT_FU)

Q_ANTAC_F [IF YES] *Since the date of your last interview, how often did you take calcium-based antacids, when you were using it at least 2 times a week for more than a month?*

- 1 [ENTER TIMES PER DAY] ___ ___ or
- 2 [ENTER TIMES PER WEEK] ___ ___
- 9 DON'T KNOW/REFUSED

(ANTACID_LEN_FU); (ANTACID_TIME_FU)

Q_ANTAC_D *Since your last interview, how many months or years in total did you take calcium-based antacids at least 2 times a week for more than a month?*

- 1 [ENTER NUMBER OF MONTHS] ___ ___ or
- 2 [ENTER NUMBER OF YEARS] ___ ___
- 9 DON'T KNOW/REFUSED

WEIGHT

(WEIGHT_FU)

Q_WEIGHT **How much do you currently weigh?**

[ENTER POUNDS] __ __ __ [DON'T KNOW/REFUSED, ENTER 999]

or

[ENTER KILOS] __ __ [DON'T KNOW/REFUSED, ENTER 99]

ETHNICITY

(ETHNIC_FU)

Q_ETHNIC **Do you consider yourself to be *Hispanic or Latino*?** [SELECT ONE.]

- 1 YES [HISPANIC OR LATINO. A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE. [THE TERM, "SPANISH ORIGIN," CAN BE USED IN ADDITION TO "HISPANIC OR LATINO." [DOES NOT INCLUDE PERSONS OF PORTUGUESE OR BRAZILIAN DESCENT]
- 2 NO [NOT HISPANIC OR LATINO]
- 9 DON'T KNOW/REFUSED

(S_RACE1_FU; S_RACE2-4_FU)

Q_RACE1_FU **What is your race ?** [SELECT ALL THAT APPLY]

- 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 (S_RACE1-4_OTH_FU) _____
- 99 UNKNOWN/DON'T KNOW/REFUSED

SECTION 3: REPRODUCTIVE HISTORY, HRT [ONLY IF FEMALE]; IF MALE → GO TO SECTION 4]

(HTR_FU)

Q_HRT_SB *Since the date of your last interview (MM/YY), have you been prescribed an estrogen pill or patch, alone or in combination with another hormone that you used for 6 months or longer?*

- 1 YES
- 2 NO [→ GO TO Q_ENDOM_E]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_ENDOM_E]

(HRT_LEN_FU) ; (HRT_TIME_FU)

Q_HRT_D [IF YES] *In total, how many months or years did you take estrogen (in any form)?*

- 1 [ENTER NUMBER OF MONTHS] _____ or
- 2 [ENTER NUMBER OF YEARS] _____
- 9 DON'T KNOW/REFUSED

(HYST_E_FU)

Q_HYST1_SB *Since the date of your last interview (MM/YY), have you had any surgeries on your ovaries and/or uterus?*

- 1 YES
- 2 NO [→ GO TO Q_HRT_SB]
- 9 DON'T KNOW/REFUSED [→ GO TO Q_HRT_SB]

<u>1st GYNECOLOGICAL SURGERY</u>	<u>2nd GYNECOLOGICAL SURGERY</u>
<p>Q_HYSTY1_T [IF YES] <i>What type of gynecologic surgery did you have?</i></p> <ol style="list-style-type: none"> 1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY 2 HYSTERECTOMY ALONG WITH BOTH OVARIES 3 HYSTERECTOMY ONLY [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED] 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY 5 BOTH OVARIES WERE REMOVED, WITHOUT HYSTERECTOMY 6 OTHER, SPECIFY: _____ 9 DON'T KNOW/REFUSED 	<p>Q_HYSTY2_T [IF YES] <i>What type of surgery did you have?</i></p> <ol style="list-style-type: none"> 1 HYSTERECTOMY ALONG WITH ONE OVARY OR PARTIAL OVARY 2 HYSTERECTOMY ALONG WITH BOTH OVARIES 3 HYSTERECTOMY ONLY [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED] 4 ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY 5 BOTH OVARIES WERE REMOVED, WITHOUT HYSTERECTOMY 6 OTHER, SPECIFY: _____ 9 DON'T KNOW/REFUSED
<p>(HYSTY1_AGE_FU) Q_HYSTY1_W <i>When did you (since your last interview) first have this surgery?</i></p> <ol style="list-style-type: none"> 1 [AGE AT SURGERY] _____ or 2 [YEAR OF SURGERY] _____ or 3 [YEARS SINCE SURGERY] _____ 9 DON'T KNOW/REFUSED 	<p>(HYST2_AGE_FU) Q_HYSTY2_W <i>When did you (since your last interview) have this next surgery?</i></p> <ol style="list-style-type: none"> 1 [AGE AT SURGERY] _____ or 2 [YEAR OF SURGERY] _____ or 3 [YEARS SINCE SURGERY] _____ 9 DON'T KNOW/REFUSED
<p>(HYST_2_FU) Q_HYST2_SB <i>Since that surgery, have you had any other surgeries on your ovaries and/or uterus?</i></p> <ol style="list-style-type: none"> 1 YES 2 NO [→ Q_HRT_SB] 9 DON'T KNOW/REFUSED [→ Q_HRT_SB] 	

SECTION 4: FAMILY HISTORY

These next questions ask about the health history of the family members we discussed during your initial interview. Specifically, we will ask about your parents, brothers and sisters, and children who are related to you by blood.. This does not include adopted relatives, or relatives by marriage. We know that we have asked you these questions before, but family history changes over time, including what you know about it. HALF SIBLINGS ARE INDIVIDUALS WHO HAVE EITHER THE SAME MOTHER OR THE SAME FATHER, BUT DO NOT SHARE BOTH PARENTS WITH YOU.

MOTHER VITAL STATUS

Q_M_VS [IF MOTHER WAS NOT LIVING AT BASELINE → GO TO Q_M_CA1]
[IF LIVING AT BASELINE] *Is your mother still living?*
1 YES [→ GO TO Q_M_CA1]
2 NO
9 DON'T KNOW/REFUSED [→ GO TO Q_M_CA1]

Q_M_DEC_W [IF NO] *When did she die?*
1 [[ENTER YEAR OF DEATH] __ __ __ __ *or*
2 [ENTER AGE AT DEATH] __ __ __ *or*
3 [ENTER YEARS SINCE DEATH] __ __
9 DON'T KNOW/REFUSED

Q_M_DEC_L *In what city and state (and country if outside US) did she die?*
[ENTER CITY] _____
[ENTER STATE] _____
[ENTER COUNTRY IF NOT USA] _____
[DON'T KNOW/REFUSED = BLANK]

MOTHER CANCER HISTORY

Q_M_CA1 *[Has/had] [she/your mother] ever diagnosed with cancer?*
1 YES
2 NO [→ GO TO Q_F_VS]
9 DON'T KNOW/REFUSED [→ GO TO Q_F_VS]

1ST CANCER	2ND CANCER	3RD CANCER	4TH CANCER	5TH CANCER
Q_M_CA1_T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] ____	Q_M_CA2_T	Q_M_CA3_T	Q_M_CA4_T	Q_M_CA5_T
Q_M_CA1_A <i>What was her age when she was diagnosed?</i> [ENTER AGE @ DX ____] [DON'T KNOW/REFUSED = 999]	Q_M_CA2_A	Q_M_CA3_A	Q_M_CA4_A	Q_M_CA5_A
Q_M_CA1_W <i>In what year was she diagnosed?</i> 1 [YEAR @ DX] ____ or 2 [YEARS SINCE DX] ____ 9 DON'T KNOW/REFUSED	Q_M_CA2_W	Q_M_CA3_W	Q_M_CA4_W	Q_M_CA5_W
Q_M_CA2 <i>[Has/had] your mother been diagnosed with another kind of cancer?</i> 1 YES → Q_M_CA2_T 2 NO → GO TO FATHER 9 DON'T KNOW/REF → GO TO FATHER	Q_M_CA3 1 YES → Q_M_CA3_T 2 NO → FATHER 9 DK/REF → FATHER	Q_M_CA4 1 YES → Q_M_CA3_T 2 NO → FATHER 9 DK/REF → FATHER	Q_M_CA5 1 YES → Q_M_CA3_T 2 NO → FATHER 9 DK/REF → FATHER	[→ GO TO FATHER]

CANCER TYPES		
10 ABDOMINAL	21 ESOPHAGEAL	33 RECTAL
11 BASAL CELL CARCINOMA	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
12 BLADDER	23 KIDNEY	35 SPINAL
13 BLOOD	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
14 BONE	25 LIVER	37 STOMACH
15 BRAIN	26 LUNG	38 TESTICULAR
16 BREAST	27 LYMPHOMA, HODGKINS	39 THROAT
17 CERVICAL	28 MELANOMA	40 THYROID
18 COLON	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
19 COLORECTAL	30 OVARIAN	42 OTHER (SPECIFY): _____
20 ENDOMETRIAL	31 PANCREATIC	99 DON'T KNOW/REFUSED
	32 PROSTATE	

FATHER VITAL STATUS

Q_F_VS [IF FATHER WAS NOT LIVING AT BASELINE] → GO TO Q_F_CA]
[IF LIVING AT BASELINE] *Is your father still living?*
1 YES [→ GO TO Q_F_CA]
2 NO
9 DON'T KNOW/REFUSED [→ GO TO Q_FA_CA]

Q_F_DEC_W [IF NO] *When did he die?*
1 [ENTER YEAR OF DEATH] ___ ___ ___ ___ *or*
2 [ENTER AGE AT DEATH] ___ ___ ___ *or*
3 [ENTER YEARS SINCE DEATH] ___ ___
9 DON'T KNOW/REFUSED

Q_F_DEC_L *In what city and state (and country if outside US) did (S/HE) die?*
[ENTER CITY] _____
[ENTER STATE] _____
[ENTER COUNTRY IF NOT USA] _____
[DON'T KNOW/REFUSED = BLANK]

FATHER CANCER HISTORY

Q_F_CA1 *[Has/had] [he/your father] ever diagnosed with cancer?*
1 YES
2 NO/NOT THAT I'M AWARE OF [→ GO TO Q_S_VS]
9 DON'T KNOW/REFUSED [→ GO TO Q_S_VS]

1ST CANCER	2ND CANCER	3RD CANCER	4TH CANCER	5TH CANCER
Q_F_CA1_T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] ____	Q_F_CA2_T	Q_F_CA3_T	Q_F_CA4_T	Q_F_CA5_T
Q_F_CA1_A <i>What was his age when he was diagnosed?</i> [ENTER AGE @ DX ____] [DON'T KNOW/REFUSED = 999]	Q_F_CA2_A	Q_F_CA3_A	Q_F_CA4_A	Q_F_CA5_A
Q_F_CA1_W <i>What year was he diagnosed?</i> 1 [YEAR @ DX] ____ or 2 [YEARS SINCE DX] ____ 9 DON'T KNOW/REFUSED	Q_F_CA2_W	Q_F_CA3_W	Q_F_CA4_W	Q_F_CA5_W
Q_F_CA2 <i>[Has/had] your father been diagnosed with another kind of cancer?</i> 1 YES → Q_F_CA2_T 2 NO → GO TO SIBLING 9 DON'T KNOW/REF → SIBLING	Q_F_CA3 1 YES → Q_F_CA3_T 2 NO → SIBLING 9 DK/REF → SIBLING	Q_F_CA4 1 YES → Q_F_CA4_T 2 NO → SIBLING 9 DK/REF → SIBLING	Q_F_CA5 1 YES → Q_F_CA5_T 2 NO → SIBLING 9 DK/REF → SIBLING	→ GO TO SIBLING

CANCER TYPES		
10 ABDOMINAL	21 ESOPHAGEAL	33 RECTAL
11 BASAL CELL CARCINOMA	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
12 BLADDER	23 KIDNEY	35 SPINAL
13 BLOOD	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
14 BONE	25 LIVER	37 STOMACH
15 BRAIN	26 LUNG	38 TESTICULAR
16 BREAST	27 LYMPHOMA, HODGKINS	39 THROAT
17 CERVICAL	28 MELANOMA	40 THYROID
18 COLON	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
19 COLORECTAL	30 OVARIAN	42 OTHER (SPECIFY): _____
20 ENDOMETRIAL	31 PANCREATIC	99 DON'T KNOW/REFUSED
	32 PROSTATE	

SIBLINGS

Q_SIBS *At the time of your first interview, you reported having:*
 [NO BROTHERS OR SISTERS SO WE WILL CONTINUE WITH CHILDREN] [**→CHILDREN**] ; [IF REPORTS SIBS, **→Q_S_NEW2**] *or*
 [__ LIVING FULL BROTHERS (LIST NAMES) AND]
 [__ LIVING FULL SISTERS (LIST NAMES) AND]
 [__ LIVING HALF BROTHERS (LIST NAMES) AND]
 [__ LIVING HALF SISTERS (LIST NAMES) AND]
 [__ FULL BROTHERS NOT LIVING AT THE TIME OF YOUR FIRST INTERVIEW (LIST NAMES) AND]
 [__ FULL SISTERS NOT LIVING AT THE TIME OF YOUR FIRST INTERVIEW (LIST NAMES) AND]
 [__ HALF BROTHERS NOT LIVING AT THE TIME OF YOUR FIRST INTERVIEW (LIST NAMES) AND]
 [__ HALF SISTERS NOT LIVING AT THE TIME OF YOUR FIRST INTERVIEW (LIST NAMES)]

1 ST SIBLING	2 ND SIBLING	3 RD TO 8 TH SIB
Q_S1_VS [IF LIVING SIBS @ B/L = 0 [→ GO TO Q_S1_CA1] [IF LIVING SIBS @ B/L = 1] <i>Is your brother/sister (NAME) still living?</i> [IF LIVING SIBS @ B/L > 1] <i>Starting with your oldest [BROTHER/SISTER], (NAME), is (S/HE) still living?</i> 1 YES [→Q_S_CA1] 2 NO 9 DON'T KNOW/REFUSED [→Q_S_CA1]	Q_S2_VS [IF SUBSEQUENT SIBLS LIVING @ B/L] <i>Continuing with your next oldest [BROTHER/SISTER], (NAME), is (S/HE) still living?</i> 1 YES [→Q_S_CA1] 2 NO 9 DK/REF [→Q_S_CA1]	Q_S3_VS to Q_S8_VS 1 YES [→Q_S_CA1] 2 NO 9 DK/REF [→Q_S_CA1]
Q_S1_DEC_W [IF NO] <i>When did (S/HE) die?</i> 1 [ENTER YEAR OF DEATH] ___ ___ ___ <i>or</i> 2 [ENTER AGE AT DEATH] ___ ___ <i>or</i> 3 [ENTER YEARS SINCE DEATH] ___ ___ 9 DON'T KNOW/REFUSED	Q_S2_DEC_W	Q_S3_DEC_W to Q_S8_DEC_W
Q_S1_DEC_L <i>In what city and state (and country if outside US) did (S/HE) die?</i> [ENTER CITY] _____ [ENTER STATE] _____ [ENTER COUNTRY IF NOT USA] _____ [DON'T KNOW/REFUSED = BLANK]	Q_S2_DEC_L	Q_S3_DEC_L to Q_S8_DEC_L
Q_S1_CA1 <i>[Has/had] (S/HE) ever diagnosed with cancer?</i> 1 YES 2 NO/NOT THAT I'M AWARE OF [→ GO TO NEXT SIB]; IF NO MORE SIBLINGS [→ GO TO Q_S_NEW1] 9 DON'T KNOW/REFUSED [→ GO TO NEXT SIB]; IF NO MORE SIBLINGS [→ GO TO Q_S_NEW1]	Q_S2_CA1 1 YES 2 NO →NEXT SIB IF NO MORE SIBS →Q_S_NEW1 9 DK/REF → NEXT SIB ; IF NO MORE SIBS →Q_S_NEW1	Q_S3_CA1 to Q_S8_CA1 1 YES 2 NO →NEXT SIB IF NO MORE SIBS →Q_S_NEW1 9 DK/REF → NEXT SIB ; IF NO MORE SIBS →Q_S_NEW1

1ST CANCER	2ND CANCER	3RD CANCER	4TH CANCER	5TH CANCER
Q_S1_CA1_T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] ____	Q_S1_CA2_T	Q_S1_CA3_T	Q_S1_CA4_T	Q_S1_CA5_T
Q_S1_CA1_A <i>What was [HIS/HER] age when (S/HE) was diagnosed?</i> [ENTER AGE @ DX ____] [DON'T KNOW/REFUSED = 999]	Q_S1_CA2_A	Q_S1_CA3_A	Q_S1_CA4_A	Q_S1_CA5_A
Q_S1_CA1_W <i>What year was (S/HE) diagnosed?</i> 1 [YEAR @ DX] ____ or 2 [YEARS SINCE DX] ____ 9 DON'T KNOW/REFUSED	Q_S1_CA2_W	Q_S1_CA3_W	Q_S1_CA4_W	Q_S1_CA5_W
Q_S1_CA2 <i>[Has/had] this sibling been diagnosed with another kind of cancer?</i> 1 YES → Q_S1_CA2_T 2 NO → Q_S2_VS 9 DON'T KNOW/REF → Q_S2_VS	Q_S1_CA3 1 YES → Q_S1_CA3_T 2 NO → Q_S2_VS 9 DK/REF → Q_S2_VS	Q_S1_CA4 1 YES → Q_S1_CA4_T 2 NO → Q_S2_VS 9 DK/REF → Q_S2_VS	Q_S1_CA5 1 YES → Q_S1_CA5_T 2 NO → Q_S2_VS 9 DK/REF → Q_S2_VS	[IF MORE SIBS @ BL → Q_S2_VS] or [IF NO MORE SIBS @ BL → Q_S_NEW1]

<u>CANCER TYPES</u>		
10 ABDOMINAL	21 ESOPHAGEAL	33 RECTAL
11 BASAL CELL CARCINOMA	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
12 BLADDER	23 KIDNEY	35 SPINAL
13 BLOOD	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
14 BONE	25 LIVER	37 STOMACH
15 BRAIN	26 LUNG	38 TESTICULAR
16 BREAST	27 LYMPHOMA, HODGKINS	39 THROAT
17 CERVICAL	28 MELANOMA	40 THYROID
18 COLON	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
19 COLORECTAL	30 OVARIAN	42 OTHER (SPECIFY): _____
20 ENDOMETRIAL	31 PANCREATIC	99 DON'T KNOW/REFUSED
	32 PROSTATE	

Q_NEWS ***Do you have any other biological siblings, either full or half, that we have not covered?***

1 YES

2 NO [➔ GO TO Q_C_VS]

9 DON'T KNOW/REFUSED [➔ GO TO Q_C_VS]

Q_NEWS_N [IF YES] ***How many brothers and sisters?***

[ENTER NUMBER OF BROTHERS] ___ ___

[ENTER NUMBER OF SISTERS] ___ ___

[DON'T KNOW/REFUSED, ENTER 99]

1 ST NEW SIBLING	2 ND NEW SIBLING	3 RD -8 TH
Q_NEWS1 [FOR FIRST SIBLING] <i>Starting with your oldest sibling, is this a full [brother/ sister] or a half [brother/sister]?</i> 1 FULL BROTHER 2 FULL SISTER 3 HALF BROTHER 4 HALF SISTER 9 DON'T KNOW/REFUSED	Q_NEWS2 [IF SUBSEQUENT SIBS @ B/L] <i>Continuing with your next oldest sibling, is this a full brother/sister or a half brother/sister?</i>	Q_NEWS3 - Q_NEWS8
Q_NEWS1_NM <i>What is [his/her] name?</i> [TRY TO OBTAIN FIRST AND LAST NAME] [FILL IN NAME] _____ DON'T KNOW/REFUSED = BLANK	Q_NEWS2_NM	Q_NEWS3_NM
Q_NEWS1_BD <i>When was (S/HE) born?</i> 1 [ENTER MONTH] ____ [DON'T KNOW/REF MONTH= 99] [ENTER DAY] ____ [DON'T KNOW/REF DAY= 99] [ENTER YEAR] _____ [DON'T KNOW/REF YR= 9999] <i>or</i> 2 [ENTER CURRENT AGE] ____ 9 DON'T KNOW/REFUSED	Q_NEWS2_BD	Q_NEWS3_BD
Q_NEWS1_VS <i>Is (S/HE) still living?</i> 1 YES [→ GO TO Q_S_CA1] 2 NO 9 DON'T KNOW/REFUSED [→ GO TO Q S CA1]	Q_NEWS2_VS 1 YES → Q_S_CA1 2 NO 9 DK/REF → Q_S_CA1	Q_NEWS3_VS 1 YES → Q_S_CA1 2 NO 9 DK/REF → Q_S_CA1
Q_NEWS1_D_W [IF NO] <i>When did (S/HE) die?</i> 1 [ENTER YEAR OF DEATH] ____ <i>or</i> 2 [ENTER AGE AT DEATH] ____ <i>or</i> 3 [ENTER YEARS SINCE DEATH] ____ 9 DON'T KNOW/REFUSED	Q_NEWS2_D_W	Q_NEWS3D_W
Q_NEWS1_D_L <i>In what city and state (and country if outside US) did (S/HE) die?</i> [ENTER CITY] _____ [ENTER STATE] _____ [ENTER COUNTRY IF NOT USA] _____ [DON'T KNOW/REFUSED = BLANK]	Q_NEWS2_D_L	Q_NEWS3_D_L
Q_NEWS1_CA1 <i>Was (S/HE) ever diagnosed with cancer?</i> 1 YES 2 NO/NOT THAT I'M AWARE OF → SIBLINGS 9 DON'T KNOW/REFUSED → SIBLINGS	Q_NEWS2_CA1 1 YES 2 NO → SIBLINGS 9 DK/REF → SIBLINGS	Q_NEWS3_CA1 1 YES 2 NO → SIBLINGS 9 DK/REF → SIBLINGS

1ST CANCER	2ND CANCER	3RD CANCER	4TH CANCER	5TH CANCER
Q_NEWS1_CA1_T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] ___	Q_NEWS1_CA2_	Q_NEWS1_CA3_	Q_NEWS1_CA4_T	Q_NEWS1_CA5_T
Q_NEWS1_CA1_A <i>What was [HIS/HER] age when (S/HE) was diagnosed?</i> [ENTER AGE @ DX ___] [DON'T KNOW/REFUSED = 999]	Q_NEWS1_CA2_A	Q_NEWS1_CA3_A	Q_NEWS1_CA4_A	Q_NEWS1_CA5_A
Q_NEWS1_CA1_W <i>What year was (S/HE) diagnosed?</i> 1 [YEAR @ DX] ___ or 2 [YEARS SINCE DX] ___ 9 [DON'T KNOW/REFUSED]	Q_NEWS1_CA2_W	Q_NEWS1_CA3_W	Q_NEWS1_CA4_W	Q_NEWS1_CA5_W
Q_NEWS1_CA2 <i>[Has/had] this [sister/ brother] been diagnosed with another kind of cancer?</i> 1 YES → Q_NEWS1_CA2_T 2 NO → Q_NEWS2_VS 9 DK/REF → Q_NEWS2_VS	Q_NEWS1_CA3 1 YES → Q_NEWS1_CA3_T 2 NO → Q_NEWS2_VS 9 DK/REF → Q_NEWS2_VS	Q_NEWS1_CA4 1 YES → Q_NEWS1_CA4_T 2 NO → Q_NEWS2_VS 9 DK/REF → Q_NEWS2_VS	Q_NEWS1_CA5 1 YES → Q_NEWS1_CA5_T 2 NO → Q_NEWS2_VS 9 DK/REF → Q_NEWS2_VS	[→ Q_NEWS2_VS] or [→ CHILDREN]

CANCER TYPES		
10 ABDOMINAL	21 ESOPHAGEAL	33 RECTAL
11 BASAL CELL CARCINOMA	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
12 BLADDER	23 KIDNEY	35 SPINAL
13 BLOOD	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
14 BONE	25 LIVER	37 STOMACH
15 BRAIN	26 LUNG	38 TESTICULAR
16 BREAST	27 LYMPHOMA, HODGKINS	39 THROAT
17 CERVICAL	28 MELANOMA	40 THYROID
18 COLON	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
19 COLORECTAL	30 OVARIAN	42 OTHER (SPECIFY): _____
20 ENDOMETRIAL	31 PANCREATIC	99 DON'T KNOW/REFUSED
	32 PROSTATE	

CHILDREN VITAL STATUS

Q__CHILD *At the time of your first interview, you reported having:*

- [__ __] NO CHILDREN [**→ GO TO OTHER RELATIVES**]; [IF REPORTS HAVING CHILDREN **→ GO TO Q_NEWC1**] or
- [__ __] LIVING SONS (LIST NAMES) AND
- [__ __] LIVING DAUGHTERS (LIST NAMES)
- [__ __] SONS NOT LIVING AT THE TIME OF YOUR FIRST INTERVIEW (LIST NAMES) AND
- [__ __] DAUGHTERS NOT LIVING AT THE TIME OF YOUR FIRST INTERVIEW (LIST NAMES)

<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>3RD -8TH CHILD</u>
Q_C1_VS [IF LIVING CHILDREN @ B/L=0 → GO TO Q_C1_CA] [IF LIVING CHILDREN @ B/L=1] <i>Is your [son/daughter] [NAME] still living?</i> [IF LIVING CHILDREN @ B/L>1] <i>Starting with your oldest child [NAME], is (S/HE) still living?</i> 1 YES [→ GO TO Q_C1_CA] 2 NO 9 DON'T KNOW/REFUSED [→ GO TO Q_C1_CA]	Q_C2_VS [FOR SUBSEQUENT CHILDREN LIVING AT BASELINE] <i>Continuing with your next oldest child [NAME], is (S/HE) still living?</i> 1 YES →Q_C1_CA 2 NO 9 DK/REF →Q_C1_CA	Q_C3_VS to Q_C8_VS 1 YES →Q_C1_CA 2 NO 9 DK/REF →Q_C1_CA
Q_C1_D_W [IF NO] <i>When did (S/HE) die?</i> 1 [ENTER YEAR OF DEATH] __ __ __ __ <i>or</i> 2 [ENTER AGE AT DEATH] __ __ __ <i>or</i> 3 [ENTER YEARS SINCE DEATH] __ __ 9 DON'T KNOW/REFUSED	Q_C2_D_W	Q_C3_D_W to Q_C8_D_W
Q_C1_DEC_L <i>In what city and state (and country if outside US) did (S/HE) die?</i> [ENTER CITY] _____ [ENTER STATE] _____ [ENTER COUNTRY IF NOT USA] _____ [DON'T KNOW/REFUSED = BLANK]	Q_C2_DEC_L	Q_C3_DEC_L to Q_C8_DEC_L
Q_C1_CA1 [IF CONTINUING FROM ABOVE] <i>Has (S/HE) ever diagnosed with cancer?</i> [IF CONTINUING WITH CHILDREN DECEASED @ B/L] <i>Had your son/daughter [NAME] ever been diagnosed with cancer?</i> 1 YES 2 NO/NOT THAT I'M AWARE OF [→ GO TO NEXT SIBLING]; IF NO MORE SIBLINGS [→ GO TO Q_S_NEW1] 9 DON'T KNOW/REFUSED [→ GO TO NEXT SIBLING]; IF NO MORE SIBLINGS [→ GO TO Q_S_NEW1]	Q_C2_CA1 1 YES 2 NO → NEXT SIB ; IF NO MORE SIBS → Q_S_NEW1 9 DK/REF →NEXT SIB ; IF NO MORE SIBS → Q_S_NEW1	Q_C3_CA1- Q_C8_CA1 1 YES 2 NO → NEXT SIB ; IF NO MORE SIBS → Q_S_NEW1 9 DK/REF →NEXT SIB ; IF NO MORE SIBS → Q_S_NEW1

<u>1ST CANCER</u>	<u>2ND CANCER</u>	<u>3RD CANCER</u>	<u>4TH CANCER</u>	<u>5TH CANCER</u>
Q_C1_CA1_T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] ____	Q_C1_CA2_T	Q_C1_CA3_T	Q_C1_CA4_T	Q_C1_CA5_T
Q_C1_CA1_A <i>What was [HIS/HER] age when (S/HE) was diagnosed?</i> [ENTER AGE @ DX ____] [DON'T KNOW/REFUSED = 999]	Q_C1_CA2_A	Q_C1_CA3_A	Q_C1_CA4_A	Q_C1_CA5_A
Q_C1_CA1_W <i>What year was (S/HE) diagnosed?</i> 1 [YEAR @ DX] _____ <i>or</i> 2 [YEARS SINCE DX] ____ 9 [DON'T KNOW/REFUSED]	Q_C1_CA2_W	Q_C1_CA3_W	Q_C1_CA4_W	Q_C1_CA5_W
Q_C1_CA2 <i>Has/had this [SON/DAUGHTER] been diagnosed with another kind of cancer?</i> 1 YES [→Q_C1_CA2_T] 2 NO [→Q_C2_VS] 9 DON'T KNOW/REF [→Q_C2_VS]	Q_C1_CA3 1 YES →Q_C1_CA3_T 2 NO →Q_C2_VS 9 DK/REF →Q_C2_VS	Q_C1_CA4 1 YES →Q_C1_CA4_T 2 NO →Q_C2_VS 9 DK/REF →Q_C2_VS	Q_C1_CA5 1 YES →Q_C1_CA5_T 2 NO →Q_C2_VS 9 DK/REF →Q_C2_VS	 [→Q_C2)_VS] <i>or</i> [→Q_C_NEW1]

<u>CANCER TYPES</u>		
10 ABDOMINAL	21 ESOPHAGEAL	33 RECTAL
11 BASAL CELL CARCINOMA	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
12 BLADDER	23 KIDNEY	35 SPINAL
13 BLOOD	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
14 BONE	25 LIVER	37 STOMACH
15 BRAIN	26 LUNG	38 TESTICULAR
16 BREAST	27 LYMPHOMA, HODGKINS	39 THROAT
17 CERVICAL	28 MELANOMA	40 THYROID
18 COLON	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
19 COLORECTAL	30 OVARIAN	42 OTHER (SPECIFY): _____
20 ENDOMETRIAL	31 PANCREATIC	99 DON'T KNOW/REFUSED
	32 PROSTATE	

Q_NEWC *Do you have any other biological children that we have not covered?*
1 YES
2 NO [→ GO TO Q_REL_CA]
9 DON'T KNOW/REFUSED [→ GO TO Q_REL_CA]

Q_NEWC_N [IF YES] **How many sons and daughters?**
 [ENTER NUMBER OF SONS] ____
 [ENTER NUMBER OF DAUGHTERS] ____
 [DON'T KNOW/REFUSED, ENTER 99]

<u>1ST NEW CHILD</u>	<u>2ND NEW CHILD</u>	<u>3^{RD-8TH}</u>
Q_NEW_C1_VS [FOR FIRST NEW CHILD] Starting with your oldest child, is this a son or daughter? 1 SON 2 DAUGHTER 9 DON'T KNOW/REFUSED [→OTHER RELATIVES]	Q_NEWC2_VS [FOR SUBSEQUENT SIBLINGS] Continuing with your next oldest child, is this a son or daughter?	Q_NEWC3_VS
Q_NEWC1_NM What is [his/her] name? [TRY TO OBTAIN FIRST & LAST NAME] [FILL IN NAME] _____ DON'T KNOW/REFUSED = BLANK	Q_NEWC2_NM	Q_NEWC3_NM
Q_NEWC1_BD When was (S/HE) born? 1 [ENTER MONTH] ____ [DON'T KNOW/REF MONTH= 99] [ENTER DAY] ____ [DON'T KNOW/REF DAY= 99] [ENTER YEAR] ____ [DON'T KNOW/REF YR= 9999] <i>or</i> 2 [ENTER CURRENT AGE] ____ 9 DON'T KNOW/REFUSED	Q_NEWC2_BD	Q_NEWC3_BD
Q_NEWC1_VS Is (S/HE) still living? 1 YES [→Q_S_CA1] 2 NO 9 DON'T KNOW/REFUSED [→Q_S_CA1]	Q_NEWC2_VS 1 YES →Q_S_CA1 2 NO 9 DK/REF →Q_S_CA1	Q_NEWC3_VS 1 YES →Q_S_CA1 2 NO 9 DK/REF →Q_S_CA1
Q_NEWC1_D_W [IF NO] When did (S/HE) die? 1 [ENTER YEAR OF DEATH] ____ <i>or</i> 2 [ENTER AGE AT DEATH] ____ <i>or</i> 3 [ENTER YEARS SINCE DEATH] ____ 9 DON'T KNOW/REFUSED	Q_NEWC2_D_W	Q_NEWC3D_W
Q_NEWC1_D_L In what city and state (and country if outside US) did (S/HE) die? [ENTER CITY] _____ [ENTER STATE] _____ [ENTER COUNTRY IF NOT USA] _____ [DON'T KNOW/REFUSED = BLANK]	Q_NEWC2_D_L	Q_NEWC3_D_L
Q_NEWC1_CA1 Was (S/HE) ever diagnosed with cancer? 1 YES 2 NO/NOT THAT I'M AWARE OF [→SIBLINGS] 9 DON'T KNOW/REFUSED [→SIBLINGS]	Q_NEWC2_CA1 1 YES 2 NO → SIBLINGS 9 DK/REF → SIBLINGS	Q_NEWC3_CA1 1 YES 2 NO → SIBS 9 DK/REF → SIBS

<u>1ST CANCER</u>	<u>2ND CANCER</u>	<u>3RD CANCER</u>	<u>4TH CANCER</u>	<u>5TH CANCER</u>
Q_NEWC1_CA1_T [IF YES] <i>What type of cancer was it?</i> [ENTER CODE] ____	Q_NEWC1_CA2_T	Q_NEWC1_CA3_T	Q_NEWC1_CA4_T	Q_NEWC1_CA5_T
Q_NEWC1_CA1_A <i>What was (HIS/HER) age when (S/HE) was diagnosed?</i> [ENTER AGE @ DX ____] [DON'T KNOW/REFUSED = 999]	Q_NEWC1_CA2_A	Q_NEWC1_CA3_A	Q_NEWC1_CA4_TA]	Q_NEWC1_CA5_A
Q_NEWC1_CA1_W <i>What year was (S/HE) diagnosed?</i> 1 [YEAR @ DX] ____ or 2 [YEARS SINCE DX] ____ 9 [DON'T KNOW/REFUSED]	Q_NEWC1_CA2_W	Q_NEWC1_CA3_W	Q_NEWC1_CA4_W	Q_NEWC1_CA5_W
Q_NEWC1_CA2 <i>Has/had this [SON/DAUGHTER] been diagnosed with another kind of cancer?</i> 1 YES → Q_NEWC1_CA2_T 2 NO → Q_NEWC2_VS 9 DK/REF → Q_NEWC2_VS	Q_NEWC1_CA3 1 YES → Q_NEWC1_CA3_T 2 NO → Q_NEWC2_VS 9 DK/REF → Q_NEWC2_VS	Q_NEWC1_CA4 1 YES → Q_NEWC1_CA4_T 2 NO → Q_NEWC2_VS 9 DK/REF → Q_NEWC2_VS	Q_NEWC1_CA5 1 YES → Q_NEWC1_CA5_T 2 NO → Q_NEWC2_VS 9 DK/REF → Q_NEWC2_VS	[→ Q_NEWC2_VS] or [→ Q_REL_CA]

<u>CANCER TYPES</u>		
10 ABDOMINAL	21 ESOPHAGEAL	33 RECTAL
11 BASAL CELL CARCINOMA	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
12 BLADDER	23 KIDNEY	35 SPINAL
13 BLOOD	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
14 BONE	25 LIVER	37 STOMACH
15 BRAIN	26 LUNG	38 TESTICULAR
16 BREAST	27 LYMPHOMA, HODGKINS	39 THROAT
17 CERVICAL	28 MELANOMA	40 THYROID
18 COLON	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
19 COLORECTAL	30 OVARIAN	42 OTHER (SPECIFY): _____
20 ENDOMETRIAL	31 PANCREATIC	99 DON'T KNOW/REFUSED
	32 PROSTATE	

1ST OTHER RELATIVE DIAGNOSED WITH CANCER	2ND OTHER RELATIVE	3RD-8TH REL
Q_REL1_CA1 Have any of your other relatives ever been diagnosed with cancer? 1 YES 2 NO/NOT THAT I'M AWARE OF [→ GO TO SECTION 5] 9 DON'T KNOW/REFUSED [→ GO TO SECTION 5]	Q_REL2_CA1 [FOR SUBSEQUENT RELATIVES] Have any other relatives been diagnosed with cancers? 1 YES 2 NO→ SECTION 5 9 DK/REF→ SECTION 5	Q_REL3_CA1
Q_REL1_C1_NM [IF YES] Who was the relative affected? [RECORD AS SPECIFIC AS POSSIBLE, I.E., PATERNAL UNCLE [FIRST NAME LAST NAME], MATERNAL AUNT [FIRST NAME LAST NAME] [FILL IN NAME] _____ DON'T KNOW/REFUSED = BLANK	Q_REL2_C1_NM	Q_REL3_C1_NM to Q_REL8_C1_NM

1ST CANCER	2ND CANCER	3RD CANCER	4TH CANCER	5TH CANCER
Q_REL1_CA1_T [IF YES] What type of cancer was it? [ENTER CODE] ____	Q_REL1_CA2_T	Q_REL1_CA3_T	Q_REL1_CA4_T	Q_REL1_CA5_T
Q_REL1_CA1_A What was [HIS/HER] age when [S/HE] was diagnosed? [ENTER AGE @ DX ____] [DON'T KNOW/REFUSED = 999]	Q_REL1_CA2_A	Q_REL1_CA3_A	Q_REL1_CA4_A	Q_REL1_CA5_A
Q_REL1_CA1_W In what year was (S/HE) diagnosed? 1 [YEAR @ DX] ____ or 2 [YEARS SINCE DX] ____ 9 [DON'T KNOW/REFUSED]	Q_REL1_CA2_W	Q_REL1_CA3_W	Q_REL1_CA4_W	Q_REL1_CA5W
Q_REL1_CA2 Has/had this relative been diagnosed with another kind of cancer? 1 YES→ Q_REL1_CA2_T 2 NO→ Q_REL2_VS 9 DK/REF→ Q_REL2_VS	Q_REL1_CA3 1 YES→Q_REL1_CA3_T 2 NO→Q_REL2_VS 9 DK/REF→Q_REL2_VS	Q_REL1_CA4 1 YES→Q_REL1_CA4_T 2 NO→Q_REL2_VS 9 DK/REF→Q_REL2_VS	Q_REL1_CA5 1 YES→Q_REL1_CA5_T 2 NO→Q_REL2_VS 9 DK/REF→Q_REL2_VS	[GO TO NEXT OTHER RELATIVE]

<u>CANCER TYPES</u>	21 ESOPHAGEAL	33 RECTAL
10 ABDOMINAL	22 INTESTINAL	34 SKIN-BASAL OR SQUAMOUS CELL CARCINOMA
11 BASAL CELL CARCINOMA	23 KIDNEY	35 SPINAL
12 BLADDER	24 LEUKEMIA (ACUTE, CHRONIC, OTHER)	36 SQUAMOUS CELL CARCINOMA
13 BLOOD	25 LIVER	37 STOMACH
14 BONE	26 LUNG	38 TESTICULAR
15 BRAIN	27 LYMPHOMA, HODGKINS	39 THROAT
16 BREAST	28 MELANOMA	40 THYROID
17 CERVICAL	29 NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)	41 UTERINE
18 COLON	30 OVARIAN	42 OTHER (SPECIFY):
19 COLORECTAL	31 PANCREATIC	_____
20 ENDOMETRIAL	32 PROSTATE	99 DON'T KNOW/REFUSED

SECTION 5: BEHAVIORAL/GENETIC TESTING

The next questions are about how you feel about your health. There are no wrong answers; we just want to know what you think about these issues.

- Q_RISK [SKIP IF YOU HAVE EVER BEEN DIAGNOSED WITH COLORECTAL CANCER]
Do you think your chance of getting colon [bowel] cancer is higher or lower than the average person of your age and sex?
 1 MUCH LOWER
 2 SOMEWHAT LOWER
 3 THE SAME
 4 SOMEWHAT HIGHER
 5 MUCH HIGHER
 9 [DON'T KNOW DON'T INCLUDE ON SELF-COMPLETED (MAILED) SURVEYS]

- Q_TEST **Have you ever had a blood test to look for genes for colorectal cancer as part of your health care?**
 [DO NOT INCLUDE TESTS CONDUCTED AS PART OF THIS RESEARCH STUDY OR OTHER RESEARCH STUDIES]
 1 YES
 2 NO
 9 DON'T KNOW/REFUSED

- Q_SF1 **In general would you say your health is** [READ CHOICES]
 1 EXCELLENT
 2 VERY GOOD
 3 GOOD
 4 FAIR
 5 POOR
 9 DON'T KNOW/REFUSED [DON'T READ]

I am going to read a list of activities you might do during a typical day. I want to know if your health now limits you in these activities.

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL	DON'T KNOW/ REFUSED
Q_SF2 <i>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/REFUSED]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉
Q_SF3 <i>Climbing several flights of stairs. Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/REFUSED]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? As a result of your physical health ...

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW/ REFUSED
Q_SF4 <i>...have you accomplished less than you would like? Would you say</i> [READ CHOICES EXCEPT DON'TKNOW/REFUSED]	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW/ REFUSED
Q_SF5 <i>...were you limited in the kind of work or other activities. Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious). As a result of your emotional problems...

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW/ REFUSED
Q_SF6 <i>...have you accomplished less than you would like. Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
Q_SF7 <i>...did you do work or other activities less carefully than usual. Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

Q_SF8 *During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Would you say* [READ CHOICES]

- 1 NOT AT ALL
- 2 A LITTLE BIT
- 3 MODERATELY
- 4 QUITE A BIT
- 5 EXTREMELY
- 9 DON'T KNOW/REFUSED

These questions are about how you feel and how things have been with you during the past 4 weeks. How much of the time during the past 4 weeks...

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW/ REFUSED
Q_SF9 <i>...have you felt calm and peaceful? Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]...	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
Q_SF10 <i>...did you have a lot of energy? Would you say</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
Q_SF11 <i>...have you felt downhearted and depressed</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW/ REFUSED
Q_SF12 ... <i>has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)</i> [READ CHOICES EXCEPT DON'T KNOW/ REFUSED]....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

(Q_STUDIES_FU)

Q_STUDIES *Have you ever participated in any other genetic or family-based cancer studies, other than this study?*

1 YES → *Specify:* (Q_STUDIES_TXT) _____

2 NO

9 DON'T KNOW/REFUSED

SECTION 6: CONTACT INFORMATION [NOT TRANSMITTED TO INFORMATICS CENTER]

Q_CONTACT *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?*

Q_CONTACTFN [IF YES] [ENTER FIRST NAME] _____

Q_CONTACTLN [ENTER LAST NAME] _____

Q_CONTACTREL [ENTER RELATIONSHIP TO R] _____

Q_CONTACTSTR [ENTER STREET ADDRESS] _____

Q_CONTACTCTY [ENTER CITY] _____

Q_CONTACTST [ENTER STATE] _____

Q_CONTACTCO [ENTER COUNTRY IF NOT USA] _____

Q_CONTACTZIP [ENTER ZIP] _____ - _____

Q_CONTACTPH1 [ENTER PHONE] (_____) _____ - _____

Q_CONTACTPH2 [ENTER PHONE] (_____) _____ - _____