

**SECTION 1: PERSONAL MEDICAL HISTORY, MEDICATIONS, SCREENING**

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 hemoccult test. This test is typically done at home using a kit containing 3 treated cards.

1. Have you ever had a fecal occult blood test (FOBT)?

- yes  
↓  
 no → go to question 1e  
↓  
 don't know → go to question 1e

1a. When did you first have a fecal occult blood test (FOBT)? *(Choose only one)*

- Age when first tested (\_\_\_\_\_) *or*  
Year of first test (\_\_\_\_\_) *or*  
I had my first fecal occult blood test (\_\_\_\_\_) years ago *or*  
 Don't know

1b. What were the reasons for your first fecal occult blood test (FOBT)?  
*(mark all that apply)*

- To investigate a new problem  
 Family history of colorectal cancer  
 Routine/yearly exam *or* check-up  
 Follow-up of a previous problem  
 Follow-up of fecal occult blood test result  
 Other: \_\_\_\_\_  
 Don't know

1c. How many separate fecal occult blood tests (FOBT) have you had? (\_\_\_\_\_) *(Note – if you had 3 stool cards in one week, that counts as 1 test.)*

Don't know

1d. When did you last have a fecal occult blood test (FOBT)? *(Choose only one)*  
*(If you have had only 1 test, skip to question 2)*

- Age when last tested (\_\_\_\_\_) *or*  
Year of last test: (\_\_\_\_\_) *or*  
I had my last fecal occult blood test (\_\_\_\_\_) years ago *or*  
 Don't know

A barium enema is an x-ray examination of your colon. In this procedure an x-ray of the colon is taken following a barium enema. Preparation involves fluids, laxatives, and an enema to cleanse the bowel.

1e. Have you ever had a barium enema test?

yes

↓

no

→

go to question 2

↓

don't know

→

go to question 2

1f. When did you first have a barium enema test? *(Choose only one)*

Age when first tested

(\_\_\_\_\_) *or*

Year of first test

(\_\_\_\_\_) *or*

I had my first barium enema test

(\_\_\_\_\_) years ago *or*

Don't know

1g. What were the reasons for your first barium enema test? *(mark all that apply)*

To investigate a new problem

Family history of colorectal cancer

Routine/yearly exam *or* check-up

Follow-up of a previous problem

Follow-up of fecal occult blood test result

Other: \_\_\_\_\_

Don't know

1h. How many separate barium enemas tests have you had? (\_\_\_\_\_)

Don't know

1i. When did you last have a barium enema test? *(Choose only one)*  
*(If you have had only 1 test, skip to question 2)*

Age when last tested

(\_\_\_\_\_) *or*

Year of last test:

(\_\_\_\_\_) *or*

I had my last fecal occult blood test

(\_\_\_\_\_) years ago *or*

Don't know

There are two procedures that look inside the bowel using a lighted tube. In a **sigmoidoscopy**, the examination is limited to the lower colon and rectum and is usually done in a doctor's office without medication to relax you or make you sleepy. Preparation involves enemas and sometimes drinking fluids or taking pills to cleanse the bowel.

In a **colonoscopy**, the entire large bowel is examined and a medication is usually given in a vein to relax you or make you sleepy. Preparation involves drinking fluids or taking pills to cleanse the bowel.

**2. Have you ever had a sigmoidoscopy?**

yes

↓  
↓

no

→ go to question 3

don't know

→ go to question 3

**2a. When did you first have a sigmoidoscopy? (*Choose only one*)**

Age at first sigmoidoscopy (\_\_\_\_\_) *or*

Year of first sigmoidoscopy (\_\_\_\_\_) *or*

I had my first sigmoidoscopy (\_\_\_\_\_) years ago *or*

Don't know

**2b. What were the reasons for your first sigmoidoscopy?  
(*mark all that apply*)**

To investigate a new problem

Family history of colorectal cancer

Routine/yearly exam *or* check-up

Follow-up of a previous problem

Follow-up of fecal occult blood test result

Other: \_\_\_\_\_

Don't know

**2c. How many separate sigmoidoscopies have you had? (\_\_\_\_\_)  Don't know**

**2d. When did you last have a sigmoidoscopy? (*Choose only one*)  
(*If you've had only 1 sigmoidoscopy, skip to question 3*)**

Age at last sigmoidoscopy (\_\_\_\_\_) *or*

Year of last sigmoidoscopy (\_\_\_\_\_) *or*

I had my last sigmoidoscopy (\_\_\_\_\_) years ago *or*

Don't know

**3. Have you ever had a colonoscopy?**

yes



no



go to question 3e



don't know



go to question 3e

**3a. When did you first have a colonoscopy? (Choose only one)**

Age at first colonoscopy

(\_\_\_\_\_) or

Year of first colonoscopy

(\_\_\_\_\_) or

I had my first colonoscopy

(\_\_\_\_\_) years ago or

Don't know

**3b. What were the reasons for your first colonoscopy? (mark all that apply)**

To investigate a new problem

Family history of colorectal cancer

Routine/yearly exam or check-up

Follow-up of a previous problem

Follow-up of fecal occult blood test result

Other: \_\_\_\_\_

Don't know

**3c. How many separate colonoscopies have you had? (\_\_\_\_\_)  Don't know**

**3d. When did you last have a colonoscopy? (Choose only one)**

*(If you've had only 1 colonoscopy, skip to question 3e)*

Age at last colonoscopy

(\_\_\_\_\_) or

Year of last colonoscopy

(\_\_\_\_\_) or

I had my last colonoscopy

(\_\_\_\_\_) years ago or

Don't know

A CT colonography or virtual colonoscopy is a procedure in which you are not given medication to relax you or make you sleepy. It is done using x-rays with you lying on a table that is slid through a large circular scanner or a tunnel. Typically, a tube is inserted to inflate the rectum with air. Preparation involves drinking fluids or taking pills to cleanse the bowel. Most often no recovery time is needed.

**3e. Have you ever had a virtual colonoscopy?**

yes



no



go to question 4



don't know



go to question 4

3f. When did you first have a virtual colonoscopy? *(Choose only one)*

Age at first virtual colonoscopy (\_\_\_\_\_) *or*  
Year of first virtual colonoscopy (\_\_\_\_\_) *or*  
I had my first virtual colonoscopy (\_\_\_\_\_) years ago *or*  
 Don't know

3g. What were the reasons for your first virtual colonoscopy? *(mark all that apply)*

- To investigate a new problem
- Family history of colorectal cancer
- Routine/yearly exam *or* check-up
- Follow-up of a previous problem
- Follow-up of fecal occult blood test result
- Other: \_\_\_\_\_
- Don't know

3h. How many separate virtual colonoscopies have you had? (\_\_\_\_\_)  Don't know

3i. When did you last have a virtual colonoscopy? *(Choose only one)*  
*(If you've had only 1 colonoscopy, skip to question 4)*

Age at last virtual colonoscopy (\_\_\_\_\_) *or*  
Year of last virtual colonoscopy (\_\_\_\_\_) *or*  
I had my last virtual colonoscopy (\_\_\_\_\_) years ago *or*  
 Don't know

4. Has a doctor ever told you that you had polyps in your large bowel *or* colon *or* rectum?

- yes
- ↓  no → go to question 5
- ↓  don't know → go to question 5

4a. When did your doctor first tell you that you had polyps?  
*(Choose only one)*

Age at first diagnosis of polyps \_\_\_\_\_ *or*  
Year of first diagnosis of polyps \_\_\_\_\_ *or*  
The polyps were first diagnosed \_\_\_\_\_ years ago *or*  
 Don't know

4b. Have you been diagnosed with polyps more than once?

- yes
- ↓  no → go to question 4d
- ↓  don't know → go to question 4d

4c. When did your doctor last tell you that you had polyps?  
*(Choose only one)*

Age at last diagnosis of polyps (\_\_\_\_\_) *or*  
Year of last diagnosis of polyps (\_\_\_\_\_) *or*  
The polyps were last diagnosed (\_\_\_\_\_) years ago *or*  
 Don't know

4d. Do you know if your polyps were benign, adenomatous (pre-cancerous), or something else? *(Mark all that apply. Include all the separate times you were told you had polyps.)*

Benign  
 Adenomatous (sometimes called pre-cancerous)  
 Other: \_\_\_\_\_  
 Don't know

4e. Did you have the polyps removed by a procedure called a polypectomy?  
*(This can be done during a sigmoidoscopy or a colonoscopy.)*

yes  
↓  no → go to question 5  
↓  don't know → go to question 5

4f. When did you first have the polyps removed? *(Choose only one)*

Age when the polyps were first removed (\_\_\_\_\_) *or*  
Year when the polyps were first removed (\_\_\_\_\_) *or*  
The polyps were first removed (\_\_\_\_\_) years ago *or*  
 Don't know

4g. Have you had polyps removed more than once?

yes  
↓  no → go to question 5  
↓  don't know → go to question 5

4h. When did you last have polyps removed? *(Choose only one)*

Age when the polyps were last removed (\_\_\_\_\_) *or*  
Year when the polyps were last removed (\_\_\_\_\_) *or*  
The polyps were last removed (\_\_\_\_\_) years ago *or*  
 Don't know

5. Has a doctor ever told you that you had familial adenomatous polyposis, known also as FAP (also called Gardner's Syndrome)? *(This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon; not the same as Lynch Syndrome or HNPCC).*

- yes  
↓  
↓
- no → go to question 6  
 don't know → go to question 6

5a. When did your doctor first tell you that you had FAP? *(Choose only one)*

Age at diagnosis (\_\_\_\_\_) *or*  
Year of diagnosis (\_\_\_\_\_) *or*  
FAP was diagnosed (\_\_\_\_\_) years ago *or*  
 Don't know

6. Has a doctor ever told you that you had Crohn's disease? *(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.)*

- yes  
↓  
↓
- no → go to question 7  
 don't know → go to question 7

6a. When did your doctor first tell you that you had Crohn's disease? *(Choose only one)*

Age at diagnosis (\_\_\_\_\_) *or*  
Year of diagnosis (\_\_\_\_\_) *or*  
Crohn's was diagnosed (\_\_\_\_\_) years ago *or*  
 Don't know

7. Has a doctor ever told you that you had ulcerative colitis? *(This is an inflammation and ulceration of the lining of the bowel (colon) and rectum. It is not a stomach ulcer.)*

- yes  
↓  
↓
- no → go to question 8  
 don't know → go to question 8

7a. When did your doctor first tell you that you had ulcerative colitis? *(Choose only one)*

Age at diagnosis (\_\_\_\_\_) *or*  
Year of diagnosis (\_\_\_\_\_) *or*  
Ulcerative colitis was diagnosed (\_\_\_\_\_) years ago *or*  
 Don't know

8. Has a doctor ever told you that you had irritable bowel syndrome? *(This is a disorder of the bowels leading to cramping, gassiness, bloating, and alternating diarrhea and constipation. Also known as IBS.)*

- yes  
↓  
↓
- no → go to question 9  
 don't know → go to question 9

8a. When did your doctor first tell you that you had irritable bowel syndrome? *(choose only one)*

- Age at diagnosis ( ) *or*  
Year of diagnosis ( ) *or*  
IBS was diagnosed ( ) years ago *or*  
 Don't know

9. Has a doctor ever told you that you had diverticular disease? *(This may also be called diverticulosis or diverticulitis. It's a condition in which a pocket coming from the bowel may become infected, and can lead to pain and chronic problems with bowel habits.)*

- yes  
↓  
↓
- no → go to question 10  
 don't know → go to question 10

9a. When did your doctor first tell you that you had diverticular disease? *(Choose only one)*

- Age at diagnosis ( ) *or*  
Year of diagnosis ( ) *or*  
Diverticular disease was diagnosed ( ) years ago *or*  
 Don't know

10. Have you ever had any of your large bowel *or* colon removed?

- yes  
↓  
↓
- no → go to question 11  
 don't know → go to question 11

10a. Was it completely removed, *or* was only part of it removed?

- Completely removed  
 Partly removed  
 Don't know

10b. When did you first have any of your bowel *or* colon removed *(Choose only one)*

- Age at first operation ( ) *or*  
Year of first operation ( ) *or*  
It was first operated on ( ) years ago *or*  
 Don't know



10c. Have you had more than one surgery to remove your bowel *or* colon?

yes

↓  
↓

no  
don't know

→  
→

go to question 11  
go to question 11

10d. When did you last have this operation to remove all *or* part of your bowel *or* colon?

*(Choose only one)*

Age at last operation

( ) *or*

Year of last operation

( ) *or*

It was last operated on

( ) years ago *or*

Don't know

11. Have you had your gallbladder removed?

yes

↓  
↓

no  
don't know

→  
→

go to question 12  
go to question 12

11a. When did you have your gallbladder removed? *(choose only one)*

Age at operation

( ) *or*

Year of operation

( ) *or*

My gallbladder was removed

( ) years ago *or*

Don't know

12. Has a doctor ever told you that you had diabetes, also known as diabetes mellitus?  
*(Do not include diabetes which you had only during pregnancy {gestational diabetes}.)*

yes

↓  
↓

no  
don't know

→  
→

go to question 13  
go to question 13

12a. When did your doctor first tell you that you had diabetes? *(choose only one)*

Age at diagnosis

( ) *or*

Year of diagnosis

( ) *or*

Diabetes was diagnosed

( ) years ago *or*

Don't know

12b. Did you ever take medication to control your diabetes?

yes

↓  
↓

no  
don't know

→  
→

go to question 13  
go to question 13

12c. What type of medication did you use? *(mark all that apply)*

Pills

Insulin injections

Insulin pump

Don't know

→

go to question 13

12d. When you were taking this medication, how often did you take it?  
*(mark all that apply)*

Pills ( ) *times per* (day) (week) (month) (year) *(circle one)*  
Insulin injections ( ) *times per* (day) (week) (month) (year) *(circle one)*  
Insulin pump ( ) *times per* (day) (week) (month) (year) *(circle one)*

12e. About two years ago, were you still taking the following?  
*(mark all that apply)*

Pills yes  no  don't know   
Insulin injections yes  no  don't know   
Insulin pump yes  no  don't know

12f. How long, in total, have you taken this medication? *(mark all that apply)*

Pills ( ) # of months *or* ( ) # of yrs *(choose one)*  
Insulin injections ( ) # of months *or* ( ) # of yrs *(choose one)*  
Insulin pump ( ) # of months *or* ( ) # of yrs *(choose one)*  
 Don't know

13. Has a doctor ever told you that you had high cholesterol?

yes  
↓  no → go to question 14  
↓  don't know → go to question 14

13a. When did your doctor first tell you that you had high cholesterol? *(choose only one)*

Age at diagnosis ( ) *or*  
Year of diagnosis ( ) *or*  
High cholesterol was diagnosed ( ) years ago *or*  
 Don't know

13b. Did you ever take medication to control your high cholesterol?

yes  
↓  no → go to question 14  
↓  don't know → go to question 14

13c. When you were taking medication for your high cholesterol, how often did you take it? *(choose only one)*

Times per day ( ) *or*  
Times per week ( ) *or*  
Times per month ( ) *or*  
Times per year ( ) *or*  
 Don't know

13d. About two years ago, were you still taking it?

Yes   
No   
Don't know

13e. How long, in total, have you taken this medication? (*choose only one*)

Number of months (\_\_\_\_) *or*  
Number of years (\_\_\_\_) *or*  
 Don't know

14. Has a doctor ever told you that you had high levels of triglycerides in your blood?  
(*These are other types of fats.*)

yes  
↓  no → go to question 15  
↓  don't know → go to question 15

14a. When did your doctor first tell you that you had high triglycerides? (*choose only one*)

Age at diagnosis (\_\_\_\_) *or*  
Year of diagnosis (\_\_\_\_) *or*  
High triglycerides was diagnosed (\_\_\_\_) years ago *or*  
 Don't know

14b. Did you ever take medication to control this condition?

yes  
↓  no → go to question 15  
↓  don't know → go to question 15

14c. When you were taking medication for your high triglycerides, how often did you take it? (*choose only one*)

Times per day (\_\_\_\_) *or*  
Times per week (\_\_\_\_) *or*  
Times per month (\_\_\_\_) *or*  
Times per year (\_\_\_\_) *or*  
 Don't know

14d. About two years ago, were you still taking it?

Yes   
No   
Don't know

14e. How long, in total, have you taken this medication? (*choose only one*)

Number of months (\_\_\_\_) *or*  
Number of years (\_\_\_\_) *or*  
 Don't know

15. Has a doctor ever told you that you had any type of cancer?

- yes  
 ↓  
 no → go to question 16  
 ↓  
 don't know → go to question 16

Please list any cancers you have been diagnosed with, along with the age *or* year of diagnosis. Please indicate if you received radiation therapy (radiotherapy), chemo or other therapy.

Type of Cancer	Age <i>or</i> Year of Diagnosis		Don't Know	Radiation Therapy? √			Chemo Therapy? √			Other Therapy? √		
	Age	Year		√	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No

16. Have you ever taken the following medication at least twice a week for more than a month?

16a. Have you ever taken aspirin (*such as Anacin, Bufferin, Bayer, Excedrin, Ecotrin*) at least twice a week for more than a month?

- yes  
 ↓  
 no → go to question 16b  
 ↓  
 don't know → go to question 16b

16a1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (*choose only one*)

Times per day (    ) *or*  
 Times per week (    ) *or*  
 Don't know

16a2. About two years ago, were you taking it regularly? (at least 2x a week)

Yes   
 No   
 Don't know

16a3. How long, in total, have you taken this medication? (*choose only one*)

Number of months (    ) *or*  
 Number of years (    ) *or*  
 Don't know

**16b. Have you ever taken acetaminophen (such as Tylenol, Anacin-3, Panadol) at least twice a week for more than a month?**

- yes  
↓  
↓
- no → go to question 16c  
 don't know → go to question 16c

**16b1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)**

Times per day (\_\_\_\_) *or*  
Times per week (\_\_\_\_) *or*  
 Don't know

**16b2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes   
No   
Don't know

**16b3. How long, in total, have you taken this medication? (choose only one)**

Number of months (\_\_\_\_) *or*  
Number of years (\_\_\_\_) *or*  
 Don't know

**16c. Have you ever taken ibuprofen-type medications (such as Advil, Motrin, Aleve, Nuprin, NSAIDS, Medipren) at least twice a week for more than a month? (NSAIDS are non-steroidal anti-inflammatory drugs)**

- yes  
↓  
↓
- no → go to question 16d  
 don't know → go to question 16d

**16c1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)**

Times per day (\_\_\_\_) *or*  
Times per week (\_\_\_\_) *or*  
 Don't know

**16c2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes   
No   
Don't know

**16c3. How long, in total, have you taken this medication? (choose only one)**

Number of months (\_\_\_\_) *or*  
Number of years (\_\_\_\_) *or*  
 Don't know

**16d. Have you ever taken bulk-forming laxatives (such as Metamucil, Citrucel, FiberCon, Serutan, psyllium) at least twice a week for more than a month?**

yes



no → go to question 16e

don't know → go to question 16e

**16d1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)**

Times per day ( ) or

Times per week ( ) or

Don't know

**16d2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes

No

Don't know

**16d3. How long, in total, have you taken this medication? (choose only one)**

Number of months ( ) or

Number of years ( ) or

Don't know

**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?**

yes



no → go to question 16f

don't know → go to question 16f

**16e1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)**

Times per day ( ) or

Times per week ( ) or

Don't know

**16e2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes

No

Don't know

**16e3. How long, in total, have you taken this medication? (choose only one)**

Number of months ( ) or

Number of years ( ) or

Don't know

**16f. Have you ever taken multivitamin pills *or* tablets (*not individual vitamins*) at least twice a week for more than a month?**

yes

↓  
↓

no → go to question 16g

don't know → go to question 16g

**16f1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (*choose only one*)**

Times per day (\_\_\_\_) *or*

Times per week (\_\_\_\_) *or*

Don't know

**16f2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes

No

Don't know

**16f3. How long, in total, have you taken this medication? (*choose only one*)**

Number of months (\_\_\_\_) *or*

Number of years (\_\_\_\_) *or*

Don't know

**16g. Have you ever taken separate folic acid *or* folate pills *or* tablets at least twice a week for more than a month?**

yes

↓  
↓

no → go to question 16h

don't know → go to question 16h

**16g1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (*choose only one*)**

Times per day (\_\_\_\_) *or*

Times per week (\_\_\_\_) *or*

Don't know

**16g2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes

No

Don't know

**16g3. How long, in total, have you taken this medication? (*choose only one*)**

Number of months (\_\_\_\_) *or*

Number of years (\_\_\_\_) *or*

Don't know

**16h. Have you ever taken separate calcium pills or tablets (not including antacids) at least twice a week for more than a month?**

yes



no



go to question 16i

don't know



go to question 16i

**16h1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)**

Times per day ( ) or

Times per week ( ) or

Don't know

**16h2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes

No

Don't know

**16h3. How long, in total, have you taken this medication? (choose only one)**

Number of months ( ) or

Number of years ( ) or

Don't know

**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?**

yes



no



go to question 17 if female  
go to SECTION 3 (Family History) if male



don't know



go to question 17 if female  
go to SECTION 3 (Family History) if male



**16i1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)**

Times per day ( ) or

Times per week ( ) or

Don't know

**16i2. About two years ago, were you taking it regularly? (at least 2x a week)**

Yes

No

Don't know

**16i3. How long, in total, have you taken this medication? (choose only one)**

Number of months ( ) or

Number of years ( ) or

Don't know



**WOMEN ONLY**

*(Men go to SECTION 3)*

**SECTION 2**

**Menstruation, Reproductive History, Menopause**

**17. How old were you when you had your first menstrual period?**

I was (\_\_\_\_\_) years of age.

- I never had a menstrual period  
 Don't know

**18. Have you ever been pregnant?**

yes

↓

↓

↓

no

→

go to question 19

don't know

→

go to question 19

**18a. How many times have you been pregnant? Please include miscarriages, stillbirths, tubal pregnancies and abortions.**

*(If currently pregnant, exclude your current pregnancy. If you are currently pregnant for the first time go to question 19)*

Number of pregnancies (\_\_\_\_\_) *or*

Don't know

**18b. How many times were you pregnant with more than one baby? (Twins, triplets, or more.)**

Never *or*

Number of pregnancies with multiples (\_\_\_\_\_) *or*

Don't know

**18c. How many of your pregnancies lasted 6 months *or* longer?**

*(Pregnancy usually lasts 9 months. Six months is about the earliest a baby could survive.)*

All of them *or*

Number of pregnancies lasting 6 months or longer (\_\_\_\_\_) *or*

Don't know

**18d. How many of your pregnancies resulted in live births?**

All of them *or*

Number of pregnancies resulting in live births (\_\_\_\_\_) *or*

Don't know

***(if yes to having had any live births)***

**18d1. How old were you at the first live birth? (choose only one)**

Age at first live birth (\_\_\_\_\_) *or*  
Year of first live birth (\_\_\_\_\_) *or*  
I first gave birth (\_\_\_\_\_) years ago *or*  
 Don't know

***(if more than one live birth)***

**18d2. How old were you at the last live birth?**

Age at last live birth (\_\_\_\_\_) *or*  
Year of last live birth (\_\_\_\_\_) *or*  
I last gave birth (\_\_\_\_\_) years ago *or*  
 Don't know

**19. Have you ever used birth control pills *or* other hormonal contraceptives (implants *or* injections) for at least one year?**

yes  
↓  no → go to question 20  
↓  don't know → go to question 20

**19a. How old were you when you first used any of these hormonal contraceptives? (choose only one)**

Age at first use (\_\_\_\_\_) *or*  
Year of first use (\_\_\_\_\_) *or*  
I first used them (\_\_\_\_\_) years ago *or*  
 Don't know

**19b. Were you still using hormonal contraceptives about two years ago?**

yes  
 no  
 don't know

**19c. In total, how long did you take these hormonal contraceptives?**

Number of years (\_\_\_\_\_) *or*  
 Don't know

20. Have you had a menstrual period in the last 12 months? (*Only menstrual bleeding is of interest. Do not include bleeding that results from hormone replacement therapy (HRT) or progesterone, progestins, or withdrawal bleeding.*)

- yes → go to question 21  
 no → go to question 20a  
↓  
 don't know → go to question 21  
↓

20a. Have your menstrual periods stopped permanently, *or* only temporarily due to pregnancy, breast-feeding, *or* other conditions?

- Permanently → go to next question (20b)  
 Temporarily → go to question 21

20b. How old were you when your periods stopped permanently? (*choose only one*)

- Age when periods stopped (\_\_\_\_\_) *or*  
Year when periods stopped (\_\_\_\_\_) *or*  
Periods stopped (\_\_\_\_\_) years ago *or*  
 Don't know

20c. Why did your menstrual periods stop permanently? (*as many as apply*)

- Natural menopause  
 Gynecologic surgery  
 Radiation *or* chemotherapy  
 Other: \_\_\_\_\_  
 Don't know

21. Have you ever had any gynecologic surgery?

- yes  
↓  
 no → go to question 22  
↓  
 don't know → go to question 22

What type of surgery did you have? (*as many apply*)

21a.  Hysterectomy only (*Only the uterus or womb was removed*)  
When did you first have this surgery? (*choose only one*)

- Age when this surgery was done (\_\_\_\_\_) *or*  
Year when this surgery was done (\_\_\_\_\_) *or*  
This surgery was done (\_\_\_\_\_) years ago *or*  
 Don't know

21b.  Hysterectomy along with one ovary *or* part of one ovary removed. (choose only one)

Age when this surgery was done ( ) *or*  
Year when this surgery was done ( ) *or*  
This surgery was done ( ) years ago *or*  
 Don't know

21c.  Hysterectomy along with both ovaries removed. (choose only one)

Age when this surgery was done ( ) *or*  
Year when this surgery was done ( ) *or*  
This surgery was done ( ) years ago *or*  
 Don't know

21d.  One ovary was removed, in whole *or* part, without hysterectomy. (choose only one)

Age when this surgery was done ( ) *or*  
Year when this surgery was done ( ) *or*  
This surgery was done ( ) years ago *or*  
 Don't know

21e.  Both ovaries were removed, without hysterectomy. (choose only one)

Age when this surgery was done ( ) *or*  
Year when this surgery was done ( ) *or*  
This surgery was done ( ) years ago *or*  
 Don't know

21f.  Other gynecologic surgery: \_\_\_\_\_  
(choose only one)

Age when this was done ( ) *or*  
Year when this was done ( ) *or*  
This was done ( ) years ago *or*  
 Don't know

***(If yes to having radiation or chemotherapy which made periods stop permanently.)***

21g. When did you first have radiation *or* chemotherapy? (choose only one)

Age when radiation/chemotherapy was given ( ) *or*  
Year when radiation/chemotherapy was given ( ) *or*  
I had radiation/chemotherapy given to me ( ) years ago *or*  
 Don't know

***(If yes to having "other" specified condition or treatment which made periods stop permanently.)***

21h. When did you first have ("other")? (choose only one)

Age when other occurred ( ) *or*  
Year when other occurred ( ) *or*  
The other occurred ( ) years ago *or*  
 Don't know

22. Doctors prescribe hormone replacement treatment for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention. Have you ever used a pill *or* patch form of hormone replacement therapy? (*Menopausal symptoms include hot flashes, sweating, and depression.*) (*Please do not include: hormone therapy that was prescribed for birth control; hormone therapy delivered by injections, vaginal creams, or vaginal suppositories*)

- yes  
↓  
 no → go to question 23  
↓  
 don't know → go to question 23

22a. Were you still having menstrual periods when you first took these hormones?

- yes  
 no  
 don't know

*Two types of hormones often prescribed for women are estrogens and progesterone.*

22b. Were you prescribed an estrogen-only pill *or* patch (such as Premarin)?

- yes  
↓  
 no → go to question 22c  
↓  
 don't know → go to question 22c

*(if yes to estrogen-only medication)*

22b1. How old were you when you first took estrogen-only medication?  
*(choose only one)*

- Age when first taken (\_\_\_\_\_) *or*  
Year first taken (\_\_\_\_\_) *or*  
I first took estrogen-only hormone therapy (\_\_\_\_\_) years ago *or*  
 Don't know

22b2. Were you still using estrogen-only medication about two years ago?

- yes  
 no  
 don't know

22b3. In total, how long did you take estrogen-only medication? *(choose only one)*

- Number of months (\_\_\_\_\_) *or*  
Number of years (\_\_\_\_\_) *or*  
 Don't know

22c. Progesterone *or* progestin is frequently prescribed by doctors along with estrogen. (Some common brands are Provera and Prem-Pro.) Have you ever taken progesterone *or* progestin along with estrogens for menopause *or* other reasons?

- Yes  
↓  
↓
- no → go to question 23  
 don't know → go to question 23

22c1. How old were you when you first took progesterone *or* progestin along with estrogens? (*choose only one*)

Age when first taken (\_\_\_\_\_) *or*  
Year first taken (\_\_\_\_\_) *or*  
I first took progesterone or progestin along with estrogens (\_\_\_\_\_) years ago *or*  
 Don't know

22c2. Were you still using progesterone *or* progestin along with estrogens about two years ago?

- yes  
 no  
 don't know

22c3. In total, how long did you take progesterone *or* progestin in combination with estrogens? (*choose only one*)

Number of months (\_\_\_\_\_) *or*  
Number of years (\_\_\_\_\_) *or*  
 Don't know

23. Have you ever taken tamoxifen, raloxifene pills, *or* other anti-estrogen medication (such as Lupron or Depo-Provera shots)?

- yes  
↓  
↓
- no → go to SECTION 3 (Family History)  
 don't know → go to SECTION 3 (Family History)  
 possibly – *I have participated in a clinical trial for tamoxifen, raloxifene, or other anti-estrogen medication*  
↓  
↓

*(if yes or possibly)*

23a. Did you take tamoxifen *or* raloxifene, *or* do you know what the other anti-estrogen was? (*mark all that apply*)

- Tamoxifen (Nolvadex)  
 Raloxifene (Evista)  
 Other: \_\_\_\_\_

23b. How old were you when you first took tamoxifen, raloxifene *or* other anti-estrogen medication? (*choose only one*)

Age when any one of these medications was first taken (\_\_\_\_\_) *or*  
Year when any one of these medications was first taken (\_\_\_\_\_) *or*  
I first took any one of these medications (\_\_\_\_\_) yrs ago *or*  
 Don't know

23c. Were you taking tamoxifen, raloxifene *or* other anti-estrogen medication about two years ago? (Taking any one of these medications.)

yes  
 no  
 don't know

23d. In total, how long did you take tamoxifen, raloxifene *or* other anti-estrogen medication? (*If you took more than one of these medications, please add up together all of the time you took any of the medications.*) (*choose only one*)

Number of months (\_\_\_\_\_) *or*  
Number of years (\_\_\_\_\_) *or*  
 Don't know

**SECTION 3: FAMILY HISTORY**

These are 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.

**24. Were you adopted?**

yes  
 ↓  
 no → go to question 24b  
 ↓  
 don't know → go to question 24b

**24a. Do you know anything about the medical history of your blood relatives?**

yes  
 ↓  
 no → go to SECTION 4 (Diet)  
 ↓  
 don't know → go to SECTION 4 (Diet)

**24b. Have any of your relatives ever been diagnosed with colon cancer or rectal cancer ?**

yes  
 ↓  
 no → go to question 24c  
 ↓  
 don't know → go to question 24c

Please indicate the relative affected, what the relationship is (i.e. mother, father, sister, brother, maternal grandmother/grandfather/aunt/uncle, paternal grandmother/grandfather/aunt/uncle, etc). Also indicate which cancer and the age at diagnosis or the year of diagnosis (*choose only one – age or year*)

relative name	relationship	colon cancer	rectal cancer	colo/rectal cancer	don't know	age at diagnosis or →	year of diagnosis
		√	√	√	√		
(mark all that apply)							



24c. Have any of your relatives ever been diagnosed with other kinds of cancer ?

- yes
- ↓  no → go to question 25
- ↓  don't know → go to question 25

Please indicate the relative affected, what the relationship is (i.e. mother, father, sister, brother, maternal grandmother/grandfather/aunt/uncle, paternal grandmother/grandfather/aunt/uncle, etc). Also indicate the type of cancer and the age at diagnosis or the year of diagnosis (*choose only one – age or year*)

relative name	relationship	type of cancer	don't know type of cancer √	if skin cancer, what kind was it?		don't know type of skin cancer √	age at diagnosis or →	year of diagnosis
				melanoma √	other skin cancer (list)			

**25. The following are questions about the health history of your parents, siblings, and children.**

**25a. When was your mother born? (*choose only one*)**

month (\_\_\_\_) day (\_\_\_\_) year(\_\_\_\_) *or*  
current age (\_\_\_\_) *or*

don't know

**25a1. Is your mother still living?**

yes → → go to question 25b

no

↓  don't know → go to question 25b

↓

**25a2. When did your mother die? (*choose only one*)**

year (\_\_\_\_) *or*  
at (\_\_\_\_) yrs of age *or*  
she died (\_\_\_\_) years ago *or*

don't know

**25a3. In what city and state did she die: \_\_\_\_\_**  
(city and state/ province)

don't know

**25b. When was your father born? (*choose only one*)**

month (\_\_\_\_) day (\_\_\_\_) year(\_\_\_\_) *or*  
current age (\_\_\_\_) *or*

don't know

**25b1. Is your father still living?**

yes → → go to question 26

no

↓  don't know → go to question 26

↓

**25b2. When did your father die? (*choose only one*)**

year (\_\_\_\_) *or*  
at (\_\_\_\_) yrs of age *or*  
he died (\_\_\_\_) years ago *or*

don't know

**25b3. In what city and state did he die: \_\_\_\_\_**  
(city and state/ province)

don't know

**26. The following are questions about your brothers and sisters, and half-brothers and half-sisters (living *or* deceased.)**

**26a. Do you have any full brothers *or* sisters?**

yes

↓  
↓

no

→

go to question 26b

don't know →

go to question 26b

**26a1. How many full brothers do you have? (\_\_\_\_\_)**

**26a2. How many full sisters do you have? (\_\_\_\_\_)**

**26a3. Please list all your full brothers & sisters only, starting with the oldest (use other side if necessary)**

Name	sex M/F	date of birth <u>OR</u> current age			Is he/she still living?  YES (Y) NO (N) DON'T KNOW (?)	(if deceased) date of death <u>OR</u> age at death			In what city & state or province did he/she die?
		DOB/ ↓	AGE/ ↓	Don't Know (?) ↓		DOD / ↓	AGE / ↓	Don't Know (?) ↓	

**26b. Do you have any half-brothers or half-sisters?**

yes

↓  
↓

no

→

go to question 27

don't know →

go to question 27

**26b1. How many half-brothers do you have? (\_\_\_\_\_)**

**26b2. How many half-sisters do you have? (\_\_\_\_\_)**

**26b3. Please list all your half brothers & sisters, starting with the oldest (use other side if necessary)**

Name <i>Do you have the same mother? Y/N</i>	sex M/F	date of birth <u>OR</u> current age			Is he/she still living?	(if deceased) date of death <u>OR</u> age at death			In what city & state or province did he/she die?
		DOB/ ↓	AGE/ ↓	Don't Know (?) ↓		DOD / ↓	AGE / ↓	Don't Know (?) ↓	

**27.** The following questions are about any children you might have had. We are interested in children who are related to you by blood, not adopted children, step-children *or* foster children. Do you have any biological children? *(They may be living or deceased.)*

yes  
 ↓  
 ↓  
 ↓

no → go to question 28  
 don't know → go to question 28

**27a.** Do these children all have the same two parents (you and your spouse/partner)?

yes  
 ↓  no → (go to question 27d)

**27b.** How many sons and daughters do you have? # of sons (\_\_\_\_)  
 # of daughters (\_\_\_\_)

**27c.** Please list all your children, starting with the oldest child  
*(use other side if necessary).*

Name	Is this a son (S) or daughter (D)?	date of birth <i>OR</i> current age			Is he/she still living?  YES (Y) NO (N) DON'T KNOW (?)	<i>(if deceased)</i> date of death <i>OR</i> age at death			In what city & state or province did he/she die?
		DOB/	AGE/	Don't Know (?)		DOD /	AGE /	Don't Know (?)	
		↓	↓	↓		↓	↓	↓	

***(If children have different parents)***

**27d. Starting with the first person with whom you had children, how many sons and daughters did you have with this person?**

**# of sons** ( )  
**# of daughters** ( )

**27e. Please list children you had with first person, starting with the oldest child (use other side if necessary).**

Name	Is this a son (S) or daughter (D)?	date of birth <u>OR</u> current age			Is he/she still living? YES (Y) NO (N) DON'T KNOW (?)	(if deceased) date of death <u>OR</u> age at death			In what city & state or province did he/she die?
		DOB /	AGE /	Don't Know (?)		DOD /	AGE /	Don't Know (?)	
		↓	↓	↓		↓	↓	↓	

27f. Continuing with the next person with whom you had children, how many sons and daughters did you have with this person?

# of sons ( )

# of daughters ( )

Name	Is this a son (S) or daughter (D)?	date of birth OR current age			Is he/she still living? YES (Y) NO (N) DON'T KNOW (?)	(if deceased) date of death OR age at death			In what city & state or province did he/she die?
		DOB/	AGE/	Don't Know (?)		DOD /	AGE /	Don't Know (?)	
		↓	↓	↓		↓	↓	↓	

27g. Continuing with the next person with whom you had children, how many sons and daughters did you have with this person?

# of sons ( )

# of daughters ( )

Name	Is this a son (S) or daughter (D)?	date of birth OR current age			Is he/she still living? YES (Y) NO (N) DON'T KNOW (?)	(if deceased) date of death OR age at death			In what city & state or province did he/she die?
		DOB/	AGE/	Don't Know (?)		DOD /	AGE /	Don't Know (?)	
		↓	↓	↓		↓	↓	↓	

**SECTION 4: DIET**

This next section contains questions about your eating habits.

<b><u>A serving of fruit is:</u></b>	<b><u>A serving of vegetables is:</u></b>	<b><u>A serving of red meat is:</u></b>	<b><u>A serving of chicken is:</u></b>
<i>1 medium fresh fruit; ½ cup of chopped, cooked or canned fruit; ¼ cup of dried fruit; 6 ounces of fruit juice</i>	<i>1 cup raw leafy vegetables; ½ cup of other vegetables, cooked or chopped raw; 6 ounces of vegetable juice</i>	<i>2-3 ounces of red meat; a piece of meat about the size of a deck of cards (Red meats include: beef, steak, hamburger, prime rib, ribs, veal, lamb, pork, bacon, pork sausages)</i>	<i>2-3 ounces of chicken meat; 1 drumstick; 1 thigh; half a breast, 2 wings; nuggets</i>

**28. About two years ago, on average how often did you eat a piece *or* serving of fruit? (*choose only one*)**

- I had \_\_\_\_\_ portions/servings of fruit per day *or*
- I had \_\_\_\_\_ portions/servings of fruit per week *or*
- I had \_\_\_\_\_ portions/servings of fruit per month *or*
- Don't know

**29. About two years ago, on average how often did you eat a serving of vegetables? (*choose only one*)**

- I had \_\_\_\_\_ portions/servings of vegetables per day *or*
- I had \_\_\_\_\_ portions/servings of vegetables per week *or*
- I had \_\_\_\_\_ portions/servings of vegetables per month *or*
- Don't know

**30. About two years ago, on average how often did you eat a serving of red meat (not chicken *or* fish)? (*choose only one*)**

- I had \_\_\_\_\_ portions/servings of red meat per day *or*
- I had \_\_\_\_\_ portions/servings of red meat per week *or*
- I had \_\_\_\_\_ portions/servings of red meat per month *or*
- I did not eat red meat → go to question 31
- Don't know → go to question 30b

***(if yes to eating red meat)***

↓  
**30a. About two years ago, on average, how many servings of red meat did you eat that were cooked by pan-frying, broiling, grilling *or* barbecuing? (*choose only one*)**

- I had \_\_\_\_\_ portions/servings per day *or*
- I had \_\_\_\_\_ portions/servings per week *or*
- I had \_\_\_\_\_ portions/servings per month *or*
- I did not eat red meat that was cooked by these methods go to question 31
- Don't know



30b. On average, when you ate red meat cooked by those methods, which of the following best describes its outside appearance? (*choose only one*)

- Lightly browned *or*
- Medium browned *or*
- Heavily browned/blackened *or*
- Don't know

30c. On average, when you ate red meat cooked by pan-frying, broiling, grilling *or* barbecuing which of the following best describes its inside appearance (how well done it was)? (*choose only one*)

- Red (rare) *or*
- Pink (medium) *or*
- Brown (well-done) *or*
- Don't know

31. About two years ago, on average how often did you eat a serving of chicken? (*choose only one*)

- I had \_\_\_\_\_ portions/servings per day *or*
- I had \_\_\_\_\_ portions/servings per week *or*
- I had \_\_\_\_\_ portions/servings per month *or*
- I did not eat chicken → go to the SECTION 5 (Physical Activity)
- Don't know → go to question 31b

*(if yes to eating chicken)*

↓

31a. About two years ago, on average, how many servings of chicken did you eat that were cooked by pan-frying, broiling, grilling *or* barbecuing? (*choose only one*)

- I had \_\_\_\_\_ portions/servings per day *or*
- I had \_\_\_\_\_ portions/servings per week *or*
- I had \_\_\_\_\_ portions/servings per month *or*
- I did not eat chicken that was cooked by these methods (go to SECTION 5 (Physical Activity))
- Don't know

↓

31b. On average, when you ate chicken cooked by those methods, which of the following best describes its outside appearance? (*choose only one*)

- Lightly browned *or*
- Medium browned *or*
- Heavily browned/blackened *or*
- Don't know

**SECTION 5:            PHYSICAL ACTIVITY**

**32.    Think back to the period when you were in your 20's. Did you participate regularly in any of the following activities – walking, jogging, running, bicycling, swimming laps, tennis, racquetball, squash, calisthenics, aerobics, vigorous dance, using a rowing machine, lifting weights, football, soccer, rugby, basketball, strenuous tasks around the house or other strenuous physical activities? (Regularly means once a week for 30 minutes or longer for at least 3 months in a row.)**

yes  
↓  
↓             no            →            go to question 32k

**32a.    When you were in your 20's, did you walk for at least 30 minutes a week?**

yes  
↓  
↓             no            →            go to question 32b

**32a1.    For how many years did you walk? (\_\_\_\_) years (maximum =10)**

**32a2.    For how many months of the year? (\_\_\_\_) months**

**32a3.    When you were participating in this exercise regularly, on average, how many hours per week did you walk? (\_\_\_\_) hrs per week**

**32b.    In your 20's, did you ever jog for at least 30 minutes a week? (Jogging is running slower than a mile in 10 minutes.)**

yes  
↓  
↓             no            →            go to question 32c

**32b1.    For how many years did you jog? (\_\_\_\_) years (maximum =10)**

**32b2.    For how many months of the year? (\_\_\_\_) months**

**32b3.    When you were participating in this exercise regularly, on average, how many hours per week did you jog? (\_\_\_\_) hrs per week**

**32c.    In your 20's, did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes.**

yes  
↓  
↓             no            →            go to question 32d

**32c1.** For how many years did you run? (\_\_\_\_) years (maximum =10)

**32c2.** For how many months of the year? (\_\_\_\_) months

**32c3.** When you were participating in this exercise regularly, on average, how many hours per week did you run? (\_\_\_\_) hrs per week

**32d.** In your 20's, did you ever bicycle for at least 30 minutes a week?  
(This includes stationary bicycling.)

yes



no → go to question 32e

**32d1.** For how many years did you bicycle? (\_\_\_\_) years (maximum =10)

**32d2.** For how many months of the year? (\_\_\_\_) months

**32d3.** When you were participating in this exercise regularly, on average, how many hours per week did you bicycle? (\_\_\_\_) hrs per week

**32e.** In your 20's, did you swim laps for at least 30 minutes a week?

yes



no → go to question 32f

**32e1.** For how many years did you swim laps? (\_\_\_\_) years (maximum =10)

**32e2.** For how many months of the year? (\_\_\_\_) months

**32e3.** When you were participating in this exercise regularly, on average, how many hours per week did you swim laps? (\_\_\_\_) hrs per week

**32f.** In your 20's, did you play tennis, racquetball or squash for at least 30 minutes a week?

yes



no → go to question 32g

**32f1.** For how many years did you do these activities? (\_\_\_\_) yrs (max= 10)

**32f2.** For how many months of the year? (\_\_\_\_) months

**32f3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**32g.** In your 20's, did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, *or* lift weights for at least 30 minutes a week?

yes



no → go to question 32h

**32g1.** For how many years did you do these activities? (\_\_\_\_) years (*max=10*)

**32g2.** For how many months of the year? (\_\_\_\_) months

**32g3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**32h.** In your 20's, did you play football, soccer, rugby *or* basketball for at least 30 minutes a week?

yes



no → go to question 32i

**32h1.** For how many years did you do these activities? (\_\_\_\_) years (*max=10*)

**32h2.** For how many months of the year? (\_\_\_\_) months

**32h3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**32i.** In your 20's, did you do any strenuous tasks in *or* around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, *or* scrubbing floors vigorously.

yes



no → go to question 32j

**32i1.** For how many years did you do these activities? (\_\_\_\_) years (*max=10*)

**32i2.** For how many months of the year? (\_\_\_\_) months

**32i3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**32j. In your 20's, did you participate in any other strenuous physical activities for at least 30 minutes a week? (Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities)**

yes  
 ↓  
 no → go to question 32k  
 ↓

<u>Other strenuous activity</u>	<u># of years doing activity (max=10)</u>	<u># of months of the year doing activity</u>	<u># of hours per week doing activity</u>

**32k. In your 20's, what was your usual occupation? ("Usual" is the longest-held activity, including any paid or unpaid employment, such as being a student, housewife, or unemployed.)**

\_\_\_\_\_ (occupation)  
 Don't know

**If you are younger than age 31, please go to SECTION 6 (Alcohol). Otherwise, please continue with the next questions.**

**33. Think back to the period when you were in your 30's and 40's, did you participate regularly in any of the following activities – walking, jogging, running, bicycling, swimming laps, tennis, racquetball, squash, calisthenics, aerobics, vigorous dance, using a rowing machine, lifting weights, football, soccer, rugby, basketball, strenuous tasks around the house or other strenuous physical activities? (Regularly means once a week for 30 minutes or longer for at least 3 months in a row.)**

yes  
 ↓  
 no → go to question 33k  
 ↓

**33a. When you were in your 30's and 40's, did you walk for at least 30 minutes a week?**

yes  
 ↓  
 no → go to question 33b  
 ↓

**33a1. For how many years did you walk? (\_\_\_\_) years (maximum =20)**

**33a2. For how many months of the year? (\_\_\_\_) months**

**33a3. When you were participating in this exercise regularly, on average, how many hours per week did you walk? (\_\_\_\_) hrs per week**

**33b. In your 30's and 40's, did you ever jog for at least 30 minutes a week? (*Jogging is running slower than a mile in 10 minutes.*)**

yes



no → go to question 33c

**33b1. For how many years did you jog? (\_\_\_\_) years (*maximum =20*)**

**33b2. For how many months of the year? (\_\_\_\_) months**

**33b3. When you were participating in this exercise regularly, on average, how many hours per week did you jog? (\_\_\_\_) hrs per week**

**33c. In your 30's and 40's, did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes.**

yes



no → go to question 33d

**33c1. For how many years did you run? (\_\_\_\_) years (*maximum =20*)**

**33c2. For how many months of the year? (\_\_\_\_) months**

**33c3. When you were participating in this exercise regularly, on average, how many hours per week did you run? (\_\_\_\_) hrs per week**

**33d. In your 30's and 40's, did you ever bicycle for at least 30 minutes a week? (*This includes stationary bicycling.*)**

yes



no → go to question 33e

**33d1. For how many years did you bicycle? (\_\_\_\_) years (*maximum =20*)**

**33d2. For how many months of the year? (\_\_\_\_) months**

**33d3. When you were participating in this exercise regularly, on average, how many hours per week did you bicycle? (\_\_\_\_) hrs per week**

**33e. In your 30's and 40's, did you swim laps for at least 30 minutes a week?**

yes



no → go to question 33f

**33e1.** For how many years did you swim laps? (\_\_\_\_) years (*maximum =20*)

**33e2.** For how many months of the year? (\_\_\_\_) months

**33e3.** When you were participating in this exercise regularly, on average, how many hours per week did you swim laps? (\_\_\_\_) hrs per week

**33f.** In your 30's and 40's, did you play tennis, racquetball *or* squash for at least 30 minutes a week?

yes

↓  
↓

no → go to question 33g

**33f1.** For how many years did you do these activities? (\_\_\_\_) yrs (*maximum= 20*)

**33f2.** For how many months of the year? (\_\_\_\_) months

**33f3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**33g.** In your 30's and 40's, did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, *or* lift weights for at least 30 minutes a week?

yes

↓  
↓

no → go to question 33h

**33g1.** For how many years did you do these activities? (\_\_\_\_) years (*max=20*)

**33g2.** For how many months of the year? (\_\_\_\_) months

**33g3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**33h.** In your 30's and 40's, did you play football, soccer, rugby *or* basketball for at least 30 minutes a week?

yes

↓  
↓

no → go to question 33i

**33h1.** For how many years did you do these activities? (\_\_\_\_) years (*max=20*)

**33h2.** For how many months of the year? (\_\_\_\_) months

**33h3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**33i.** In your 30's and 40's, did you do any strenuous tasks in *or* around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, *or* scrubbing floors vigorously.

yes  
 ↓  
 no → go to question 33j  
 ↓

**33i1.** For how many years did you do these activities?(\_\_\_\_) years (*max=20*)

**33i2.** For how many months of the year? (\_\_\_\_) months

**33i3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**33j.** In your 30's and 40's, did you participate in any other strenuous physical activities for at least 30 minutes a week? (*Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities*)

yes  
 ↓  
 no → go to question 33k  
 ↓

<u>Other strenuous activity</u>	<u># of years doing activity (max=20)</u>	<u># of months of the year doing activity</u>	<u># of hours per week doing activity</u>

**33k.** In your 30's and 40's, what was your usual occupation? ("Usual" is the longest-held activity, including any paid *or* unpaid employment, such as being a student, housewife, *or* unemployed.)

\_\_\_\_\_ (occupation)

don't know

**If you are younger than age 51, please go to SECTION 6 (Alcohol). Otherwise, please continue with the next questions.**



**34. Think back to the period when you were in your 50's, did you participate regularly in any of the following activities – walking, jogging, running, bicycling, swimming laps, tennis, racquetball, squash, calisthenics, aerobics, vigorous dance, using a rowing machine, lifting weights, football, soccer, rugby, basketball, strenuous tasks around the house or other strenuous physical activities? (Regularly means once a week for 30 minutes or longer for at least 3 months in a row.)**

yes

↓  
↓

no → go to question 34k

**34a. When you were in your 50's, did you walk for at least 30 minutes a week?**

yes

↓  
↓

no → go to question 34b

**34a1. For how many years did you walk? (\_\_\_\_) years**

**34a2. For how many months of the year? (\_\_\_\_) months**

**34a3. When you were participating in this exercise regularly, on average, how many hours per week did you walk? (\_\_\_\_) hrs per week**

**34b. In your 50's, did you ever jog for at least 30 minutes a week? (Jogging is running slower than a mile in 10 minutes.)**

yes

↓  
↓

no → go to question 34c

**34b1. For how many years did you jog? (\_\_\_\_) years**

**34b2. For how many months of the year? (\_\_\_\_) months**

**34b3. When you were participating in this exercise regularly, on average, how many hours per week did you jog? (\_\_\_\_) hrs per week**

**34c. In your 50's, did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes.**

yes

↓  
↓

no → go to question 34d

**34c1.** For how many years did you run? (\_\_\_\_) years

**34c2.** For how many months of the year? (\_\_\_\_) months

**34c3.** When you were participating in this exercise regularly, on average, how many hours per week did you run? (\_\_\_\_) hrs per week

**34d.** In your 50's, did you ever bicycle for at least 30 minutes a week? (*This includes stationary bicycling.*)

yes



no → go to question 34e

**34d1.** For how many years did you bicycle? (\_\_\_\_) years

**34d2.** For how many months of the year? (\_\_\_\_) months

**34d3.** When you were participating in this exercise regularly, on average, how many hours per week did you bicycle? (\_\_\_\_) hrs per week

**34e.** In your 50's, did you swim laps for at least 30 minutes a week?

yes



no → go to question 34f

**34e1.** For how many years did you swim laps? (\_\_\_\_) years

**34e2.** For how many months of the year? (\_\_\_\_) months

**34e3.** When you were participating in this exercise regularly, on average, how many hours per week did you swim laps? (\_\_\_\_) hrs per week

**34f.** In your 50's, did you play tennis, racquetball *or* squash for at least 30 minutes a week?

yes



no → go to question 34g

**34f1.** For how many years did you do these activities? (\_\_\_\_) years

**34f2.** For how many months of the year? (\_\_\_\_) months

**34f3.** When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week

**34g. In your 50's, did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, or lift weights for at least 30 minutes a week?**

yes



no → go to question 34h

**34g1. For how many years did you do these activities? (\_\_\_\_) years**

**34g2. For how many months of the year? (\_\_\_\_) months**

**34g3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week**

**34h. In your 50's, did you play football, soccer, rugby or basketball for at least 30 minutes a week?**

yes



no → go to question 34i

**34h1. For how many years did you do these activities? (\_\_\_\_) years**

**34h2. For how many months of the year? (\_\_\_\_) months**

**34h3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week**

**34i. In your 50's, did you do any strenuous tasks in or around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, or scrubbing floors vigorously.**

yes



no → go to question 34j

**34i1. For how many years did you do these activities?(\_\_\_\_) years**

**34i2. For how many months of the year? (\_\_\_\_) months**

**34i3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (\_\_\_\_) hrs per week**

**34j. In your 50's, did you participate in any other strenuous physical activities for at least 30 minutes a week? (Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities)**

yes



no → go to question 34k.

<u>Other strenuous activity</u>	<u># of years doing activity in your 50's</u>	<u># of months of the year doing activity</u>	<u># of hours per week doing activity</u>

**34k. In your 50's, what was your usual occupation? ("Usual" is the longest-held activity, including any paid *or* unpaid employment, such as being a student, housewife, *or* unemployed.)**

\_\_\_\_\_ (occupation)

don't know

**SECTION 6: ALCOHOL CONSUMPTION**

*The next set of questions is about alcohol consumption during three periods of your life. Think back to the period when you were in your 20's.*

**35.** During your 20's, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? (*Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, or cocktails.*)

- yes  
↓  
↓
- no → go to question 36  
 don't know → go to question 36

**35a.** In your 20's, did you ever consume beer *or* hard cider at least once a week for 6 months *or* longer?

- yes  
↓  
↓
- no → go to question 35d  
 don't know → go to question 35d

**35b.** In your 20's, how many years did you consume beer *or* hard cider at least once a week for 6 months *or* longer?

*# of years consumed beer once a week (\_\_\_\_) (maximum = 10)*  
*# of years consumed hard cider once a week (\_\_\_\_) (maximum = 10)*

**35c.** In your 20's, during the years when you consumed beer *or* hard cider at least once a week, how much did you typically consume? (*choose only one for per day/week/don't know*)

*# of 12 oz. cans/bottles beer #\_\_\_\_ per  day  week  don't know*  
*# of 12 oz. cans/bottles hard cider #\_\_\_\_ per  day  week  don't know*

**35d.** In your 20's, did you ever consume wine *or* sake at least once a week for 6 months *or* longer?

- yes  
↓  
↓
- no → go to question 35g  
 don't know → go to question 35g

**35e.** In your 20's, how many years did you consume wine *or* sake at least once a week for 6 months *or* longer?

*# of years consumed wine once a week (\_\_\_\_) (maximum = 10)*  
*# of years consumed sake once a week (\_\_\_\_) (maximum = 10)*

35f. In your 20's, when you consumed wine *or* sake at least once a week, how much did you typically consume? (*choose only one for per day/week/don't know*)

# of 4 oz. glasses wine #\_\_\_\_ per  day  week  don't know  
# of 1 oz. sake servings #\_\_\_\_ per  day  week  don't know

35g. In your 20's, did you ever consume liquor(spirits), mixed drinks *or* cocktails at least once a week for 6 months *or* longer?

yes  
↓  
↓  
 no → go to question 35j  
 don't know → go to question 35j

35h. In your 20's, how many years did you consume liquor (spirits), mixed drinks *or* cocktails at least once a week for 6 months *or* longer?

# of years consumed liquor (spirits), mixed drinks *or* cocktails (\_\_\_\_)  
(maximum = 10)

35i. In your 20's, when you consumed liquor (spirits), mixed drinks *or* cocktails at least once a week, how much did you typically consume? (*choose only one for per day/week/don't know*)

# of 1 oz. shots of liquor/spirits #\_\_\_\_ per  day  week  don't know

35j. Thinking about your total consumption of alcoholic beverages in your 20's, how many years in total did you consume at least one alcoholic beverage a week?

# of years (\_\_\_\_) (maximum = 10)  
# of alcoholic beverages a week (\_\_\_\_)

*If you are younger than age 31, please go to SECTION 7 (Smoking). Otherwise, please continue with the next questions.*

36. In your 30's and 40's, did you ever consume any alcoholic beverages at least once a week for 6 months *or* longer? (*Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, or cocktails.*)

yes  
↓  
↓  
 no → go to question 37  
 don't know → go to question 37

36a. In your 30's and 40's, did you ever consume beer *or* hard cider at least once a week for 6 months *or* longer?

yes  
↓  
↓  
 no → go to question 36d  
 don't know → go to question 36d

36b. In your 30's and 40's, how many years did you consume beer *or* hard cider at least once a week for 6 months *or* longer?

*# of years consumed beer once/week* (\_\_\_\_) (*maximum = 20*)  
*# of years consumed hard cider once/week* (\_\_\_\_) (*maximum = 20*)

36c. In your 30's and 40's, when you consumed beer *or* hard cider at least once a week, how much did you typically consume? (*choose only one for per day/week/don't know*)

*# of 12 oz. cans/bottles beer* # \_\_\_\_ per  day  week  don't know  
*# of 12 oz. cans/bottles hard cider* # \_\_\_\_ per  day  week  don't know

36d. In your 30's and 40's, did you ever consume wine *or* sake at least once a week for 6 months *or* longer?

yes  
↓  
↓  
 no → go to question 36g  
 don't know → go to question 36g

36e. In your 30's and 40's, how many years did you consume wine *or* sake at least once a week for 6 months *or* longer?

*# of years consumed wine once a week* (\_\_\_\_) (*maximum = 20*)  
*# of years consumed sake once a week* (\_\_\_\_) (*maximum = 20*)

36f. In your 30's and 40's, during the years when you consumed wine *or* sake at least once a week, how much did you typically consume?

(*choose only one for per day/week/don't know*)  
*# of 4 oz. glasses wine* # \_\_\_\_ per  day  week  don't know  
*# of 1 oz. sake servings* # \_\_\_\_ per  day  week  don't know

36g. In your 30's & 40's, did you ever consume liquor (spirits), mixed drinks *or* cocktails at least once a week for 6 months *or* longer?

yes  
↓  
↓  
 no → go to question 36j  
 don't know → go to question 36j

36h. In your 30's and 40's, how many years did you consume liquor (spirits), mixed drinks *or* cocktails at least once a week for 6 months *or* longer?

*# of years consumed liquor (spirits), mixed drinks or cocktails* (\_\_\_\_)  
(*maximum = 20*)

36i. In your 30's and 40's, when you consumed liquor (spirits), mixed drinks *or* cocktails at least once a week, how much did you typically consume?

(*choose only one for per day/week/don't know*)  
*# of 1 oz. shots of liquor/spirits per* # \_\_\_\_ per  day  week  don't know

36j. Thinking about your total consumption of alcoholic beverages in your 30's & 40's how many years in total did you consume at least one alcoholic beverage a week?

# of years (\_\_\_\_) (maximum = 20)  
# of alcoholic beverages a week (\_\_\_\_)

If you are younger than age 51, please go to SECTION 7 (Smoking). Otherwise, please continue with the next questions.

37. Since turning 50, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? (Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, or cocktails.)

yes  
↓  
↓  
 no → go to SECTION 7 (Smoking)  
 don't know → go to SECTION 7 (Smoking)

37a. In your 50's, did you ever consume beer or hard cider at least once a week for 6 months or longer?

yes  
↓  
↓  
 no → go to question 37d  
 don't know → go to question 37d

37b. In your 50's, how many years did you consume beer or hard cider at least once a week for 6 months or longer?

# of years consumed beer once a week (\_\_\_\_)  
# of years consumed hard cider once a week (\_\_\_\_)

37c. In your 50's, when you consumed beer or hard cider at least once a week, how much did you typically consume? (choose only one for per day/week/don't know)

# of 12 oz. cans/bottles beer # \_\_\_\_ per  day  week  don't know  
# of 12 oz. cans/bottles hard cider # \_\_\_\_ per  day  week  don't know

37d. In your 50's, did you ever consume wine or sake at least once a week for 6 months or longer?

yes  
↓  
↓  
 no → go to question 37g  
 don't know → go to question 37g

37e. In your 50's, how many years did you consume wine or sake at least once a week for 6 months or longer?

# of years consumed wine once a week (\_\_\_\_)  
# of years consumed sake once a week (\_\_\_\_)



**37f.** In your 50's, when you consumed wine *or* sake at least once a week, how much did you typically consume? (*choose only one for per day/week/don't know*)

*# of 4 oz. glasses wine #\_\_\_\_\_ per*  *day*  *week*  *don't know*  
*# of 1 oz. sake servings #\_\_\_\_\_ per*  *day*  *week*  *don't know*

**37g.** In your 50's, did you ever consume liquor(spirits), mixed drinks *or* cocktails at least once a week for 6 months *or* longer?

yes

↓  
↓

no → go to question 37j

don't know → go to question 37j

**37h.** In your 50's, how many years did you consume liquor (spirits), mixed drinks *or* cocktails at least once a week for 6 months *or* longer?

*# of years consumed liquor (spirits), mixed drinks or cocktails (\_\_\_\_\_)*

**37i.** In your 50's, when you consumed liquor (spirits), mixed drinks *or* cocktails at least once a week, how much did you typically consume?  
(*choose only one for per day/week/don't know*)

*# of 1 oz. shots of liquor/spirits per #\_\_\_\_\_ per*  *day*  *week*  *don't know*

**37j.** Thinking about your total consumption of alcoholic beverages in your 50's, how many years in total did you consume at least one alcoholic beverage a week?

*# of years (\_\_\_\_\_)*  
*# of alcoholic beverages a week (\_\_\_\_\_)*

**SECTION 7: SMOKING**

**38. Have you ever smoked at least one cigarette a day for 3 months *or* longer?**

yes

↓  
↓

no → go to question 39

don't know → go to question 39

**38a. When did you first start smoking at least one cigarette a day?  
(choose only one)**

Age at first use (\_\_\_\_) *or*

Year of first use (\_\_\_\_\_) *or*

I first smoked (\_\_\_\_) years ago *or*

Don't know

**38b. During periods when you smoked regularly, how many cigarettes did you typically smoke in a day? ("Regularly" means at least one cigarette a day.)**

I smoked (\_\_\_\_) cigarettes per day.

Don't know

**38c. About two years ago, were you still smoking at least one cigarette a day?**

Yes

No

Don't know

**38d. Do you still smoke at least one cigarette a day?**

Yes → go to question 38f

Don't know → go to question 38f

No → go to next question

↓  
↓

**38e. When did you permanently stop smoking at least one cigarette a day?  
(choose only one)**

Age when stopped (\_\_\_\_) *or*

Year when stopped (\_\_\_\_\_) *or*

I stopped smoking (\_\_\_\_) years ago *or*

Don't know

**38f. How many 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.)**

I smoked at least one cigarette per day for (\_\_\_\_) years

Don't know

**39. Have you ever smoked at least one cigar *or* one pipe per month for at least 3 months?**

yes



no



go to SECTION 8 (Height and Weight)

don't know



go to SECTION 8 (Height and Weight)

**39a. Did you smoke cigars *or* pipes *or* both? (*choose only one*)**

I smoked cigars *or*

I smoked pipes *or*

I smoked both

**39b. When did you first start smoking at least one cigar *or* pipe, a month? (*choose only one*)**

Age at first use (\_\_\_\_) *or*

Year of first use: (\_\_\_\_) *or*

I first smoked (\_\_\_\_) years ago *or*

Don't know

**39c. During periods when you smoked regularly, how many cigars *or* pipes did you typically smoke in a month? ("*Regularly*" means at least one cigar *or* pipe a month.)**

Number of cigars per month (\_\_\_\_)

Number of pipes per month (\_\_\_\_)

Don't know

**39d. About two years ago, were you still smoking at least one cigar *or* pipe a month?**

Yes

No

Don't know

**39e. Do you still smoke at least one cigar *or* pipe a month?**

Yes → go to question 39g

No → go to question 39f

Don't know → go to question 39g

**39f. When did you permanently stop smoking at least one cigar *or* pipe a month? (*choose only one*)**

Age when stopped (\_\_\_\_) *or*

Year when stopped (\_\_\_\_) *or*

I stopped smoking (\_\_\_\_) years ago *or*

Don't know

**39g. How many years in total did you smoke at least one cigar *or* pipe a month? (*If you have stopped and restarted at least once, count only the time when you were smoking.*)**

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

Don't know

**SECTION 8:            HEIGHT AND WEIGHT**

**40.    About how tall are you, without your shoes on?**

(\_\_\_\_) feet (\_\_\_\_) inches *or* (\_\_\_\_) centimeters

   don't know

**41.    How much did you weigh about two years ago?**

(\_\_\_\_) pounds *or* (\_\_\_\_) kilos

   don't know

**42.    How much did you weigh when you were about 20 years old?**

(\_\_\_\_) pounds *or* (\_\_\_\_) kilos

   don't know

**SECTION 9: DEMOGRAPHICS AND BACKGROUND INFORMATION**

What is your date of birth? (\_\_\_\_) / (\_\_\_\_) / (\_\_\_\_)  
Month Day Year

**43. What is the highest level of education that you completed?**

- less than 8 years
- 8 to 11 years
- high school graduate
- vocational *or* technical school
- some college *or* university
- bachelor's degree
- graduate degree
- don't know

**44. Please provide information about you, your parents, and your grandparents regarding country of birth, race and ethnicity. (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.)**

(country of birth)

- 44a. Where were you born? \_\_\_\_\_
- 44b. Where was your mother born? \_\_\_\_\_
- 44c. Where was your father born? \_\_\_\_\_
- 44d. Where was your mother's mother born? \_\_\_\_\_
- 44e. Where was your mother's father born? \_\_\_\_\_
- 44f. Where was your father's mother born? \_\_\_\_\_
- 44g. Where was your father's father born? \_\_\_\_\_

**45. How many years have you lived in the U.S.?**  All of my life or Number of yrs (\_\_\_\_)  
 Don't know

**46. Are you Hispanic or Latino?**  Yes  
 No



- 48c. Is your mother's mother of Jewish descent  Yes  
 No  
 Don't know
- 48d. Is your mother's father of Jewish descent  Yes  
 No  
 Don't know
- 48e. Is your father's mother of Jewish descent  Yes  
 No  
 Don't know
- 48f. Is your father's father of Jewish descent  Yes  
 No  
 Don't know

49. The ancestors of Ashkenazi Jews were often originally from Eastern European countries.

- 49a. Are you ...?  Ashkenazi  
 Sephardic  
 other  
 don't know

- |                                                                                                                                                                                            |                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>49b. Is your mother?</p> <p><input type="checkbox"/> Ashkenazi<br/> <input type="checkbox"/> Sephardic<br/> <input type="checkbox"/> other<br/> <input type="checkbox"/> don't know</p> | <p>Is your father?</p> <p><input type="checkbox"/> Ashkenazi<br/> <input type="checkbox"/> Sephardic<br/> <input type="checkbox"/> other<br/> <input type="checkbox"/> don't know</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                                     |                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>49c. Is your mother's mother?</p> <p><input type="checkbox"/> Ashkenazi<br/> <input type="checkbox"/> Sephardic<br/> <input type="checkbox"/> other<br/> <input type="checkbox"/> don't know</p> | <p>Is your mother's father?</p> <p><input type="checkbox"/> Ashkenazi<br/> <input type="checkbox"/> Sephardic<br/> <input type="checkbox"/> other<br/> <input type="checkbox"/> don't know</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                                                                                                                                                                                                     |                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>49d. Is your father's mother?</p> <p><input type="checkbox"/> Ashkenazi<br/> <input type="checkbox"/> Sephardic<br/> <input type="checkbox"/> other<br/> <input type="checkbox"/> don't know</p> | <p>Is your father's father?</p> <p><input type="checkbox"/> Ashkenazi<br/> <input type="checkbox"/> Sephardic<br/> <input type="checkbox"/> other<br/> <input type="checkbox"/> don't know</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**50. As of about two years ago, which of the following best describes your total annual household income from all sources before taxes? (Scientists have found that diseases are sometimes more or less prevalent for people of different income levels. We would like to know if this is true for colorectal cancer.)**

- less than \$15,000
- between \$15 - \$29,000
- between \$30 - \$44,000
- between \$45 - \$69,000
- \$70,000 or more
- don't know
- refused



**SECTION 10: CONTACT INFORMATION**

- 51. 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 place a call for your new address?**

**Name of relative *or* friend:**

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_