



FRED
HUTCHINSON
CANCER
RESEARCH
CENTER

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

For enrollees whose first or second follow-up occurred during Phase III

SIGNIFICANT MODIFICATIONS

- Chemotherapy question was added to self-reported cancer questions
- Up to 5 (from 3) polypectomies were recorded (as appropriate)
- Does not contain calcium supplements or antacids
- Does not contain ethnicity or race questions
- Family history section was reformatted
- SF-12 was eliminated

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 interview for us in (MONTH, YEAR). The questions we will be asking you today are mostly 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

IF 5 YEAR FOLLOW-UP: The next questions ask about two procedures that we did not ask about during your initial interview. We want to know if you have ever had these procedures, not just since your last interview.

IF 10 YEAR FOLLOW-UP: The next questions ask about medical tests you might have had since you completed the last interview in (MM/YY).

Q_BAR_E *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.*

[IF 5 YEAR]: *Have you ever had a barium enema?*

[IF 10 YEAR]: *Since your last interview in (MM/YY), have you had a barium enema?*

- 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
[TRANSMITTED TO IC AS AGE @]

- 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 FOLLOW-UP OF FOBT RESULT (B_1ST_FU_FOBT_FU)
 - 6 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 @]

- 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 FOLLOW-UP OF FOBT RESULT (B_LST_FU_FOBT_FU)
 - 6 OTHER: _____ (B_LST_OTHER_FU, B_LST_OTH_TEXT_FU)
 - 9 DON'T KNOW/REFUSED

(VIRTUAL_C_EVER_FU)

Q_VIRTUAL **A CT colonography or virtual colonoscopy is a procedure in which you are not given medication to relax you or make you sleep. 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.**

If 5 YEAR: Have you ever had a colonograph, also known as a virtual colonoscopy?

If 10 YEAR: Since your last interview in (MM/YY), have you had a colonograph , also known as a virtual colonoscopy?

- 1 YES
- 2 NO
- 9 DON'T KNOW/REFUSED

Q_FOBT **A fecal occult blood test (FOBT) is a test using specially treated cards to detect 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.**

(HEMOCCULT_FU)

Q_FOBT_SB **Since your last interview in (MM/YY), have you had a fecal occult blood test (FOBT)?**

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

(HEMOCCULT_NO_FU)

Q_FOBT_N [IF YES] *Since your last interview in (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 @]

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 **FOLLOW-UP OF FOBT RESULT** (H_LST_FU_FOBT_FU)

6 **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 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.

Since your last interview in (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 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 @]

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 **FOLLOW-UP OF FOBT RESULT** (SIG_LST_FU_FOBT_FU)

6 **OTHER:** _____ (SIG_LST_OTHER_FU, SIG_LST_OTHER_TEXT_FU)

9 DON'T KNOW/REFUSED

(COLSCOPE_FU)

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

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

- 1 YES
- 2 NO [➔ GO TO Q_POLYP]
- 9 DON'T KNOW [➔ GO TO Q_POLYP]

(COLSCOPE_NO_FU)

Q_COL_N ***[IF YES] Since 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 @]

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 ***FOLLOW-UP OF FOBT RESULT*** (C_LST_FU_FOBT_FU)
- 6 ***OTHER:*** _____ (C_LST_OTHER_FU, C_LST_OTHER_TEXT_FU)
- 9 DON'T KNOW/REFUSED

(POLYPS_FU)

Q_POLYP *Since your last interview in (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 your last interview in (MM/YY) have you had any polyps removed from your colon or rectum?*

- 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 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]

<u>1st POLYPECTOMY</u>	<u>2nd POLYPECTOMY</u>	<u>3rd POLYPECTOMY</u>
(POLYP_REM1_AGE_FU) Q_POLYP_R1_W <i>Since your last interview, when did you first have polyps removed?</i>	(POLYP_REM2_AGE_FU) Q_POLYP_R2_W <i>Since your last interview, when did you next have polyps removed?</i>	(POLYP_REM3_AGE_FU) Q_POLYP_R3_W <i>Since 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 [TRANSMITTED TO IC AS AGE @]	1 [AGE AT] _____ or 2 [YEAR OF] _____ or 3 [YEARS SINCE] ___ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @]	1 [AGE AT] _____ or 2 [YEAR OF] _____ or 3 [YEARS SINCE] ___ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @]
[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]	[IF POLYPECTOMIES =3 ➔ Q_CRSRG_SB] [IF POLYPECTOMIES >3 ➔ Q_POLYP_R4_W]

<u>4th POLYPECTOMY</u>	<u>5th POLYPECTOMY</u>	
(POLYP_REM4_AGE_FU) Q_POLYP_R4_W <i>Since your last interview, when did you next have polyps removed?</i>	(POLYP_REM5_AGE_FU) Q_POLYP_R5_W <i>Since 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 [TRANSMITTED TO IC AS AGE @]	1 [AGE AT] _____ or 2 [YEAR OF] _____ or 3 [YEARS SINCE] ___ 9 DON'T KNOW/REFUSED [TRANSMITTED TO IC AS AGE @]	
[IF POLYPECTOMIES =4 ➔ Q_CRSRG_SB] [IF POLYPECTOMIES >4 ➔ Q_POLYP_R5_W]		

(CRSRG_FU)

Q_CRSRG_SB *Since your last interview in (MM/YY), have you had surgery to remove any part of your colon or large bowel? Please do not include any surgeries where only polyp(s) were removed.*

- 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 have you had on your colon?*[ENTER NUMBER OF SURGERIES SINCE LAST INTERVIEW] __ __
[DON'T KNOW/REFUSED, ENTER 99]

1st CR SURGERY	2nd CR SURGERY	3rd CR SURGERY
(CRSRG1_AGE_FU) Q_CRSRG1_W <i>Since 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 @]	(CRSRG2_AGE_FU) Q_CRSRG2_W <i>Since 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 @]	(CRSRG3_AGE_FU) Q_CRSRG3_W <i>Since 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 @]
(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 your last interview in in (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] What type of cancer was it? [ENTER CODE] __ __	(SITE2_FU) Q_CANCER_2T [IF YES] What type of cancer was it? [ENTER CODE] __ __	(SITE3_FU) Q_CANCER_3T [IF YES] What type of cancer was it? [ENTER CODE] __ __
(AGEDX1_FU) Q_CANCER_1W When were you diagnosed? 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 @]	(AGEDX2_FU) Q_CANCER_2W When were you diagnosed? 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 @]	(AGEDX3_FU) Q_CANCER_3W When were you diagnosed? 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 @]
Q_CHEMORAD_1T Did you receive chemotherapy or radiation for this cancer? 1 YES, CHEMOTHERAPY 2 YES, RADIATION 3 YES, BOTH 4 NO, NEITHER 9 DON'T KNOW	Q_CHEMORAD_2T Did you receive chemotherapy or radiation for this cancer? 1 YES, CHEMOTHERAPY 2 YES, RADIATION 3 YES, BOTH 4 NO, NEITHER 9 DON'T KNOW	Q_CHEMORAD_3T Did you receive chemotherapy or radiation for this cancer? 1 YES, CHEMOTHERAPY 2 YES, RADIATION 3 YES, BOTH 4 NO, NEITHER 9 DON'T KNOW
(CANCER_TOLD2_FU) Q_CANCER_2 Were you diagnosed with another kind of cancer since your last interview? 1 YES [→Q_CANCER_2T] 2 NO [→Q_MEDS] 9 DK/REF [→Q_MEDS]	(CANCER_TOLD3_FU) Q_CANCER_3 Were you diagnosed with another kind of cancer since your last interview? 1 YES [→Q_CANCER_3T] 2 NO [→Q_MEDS] 9 DK/REF [→Q_MEDS]	

<u>CANCER TYPES</u>		
10 <u>ABDOMINAL</u>	46 <u>GALL BLADDER</u>	33 <u>RECTAL</u>
11 [RETIRED CODE]	47 <u>GASTROESOPHAGEAL</u>	34 <u>SKIN-BASAL OR SQUAMOUS CELL CARCINOMA</u>
44 <u>APPENDIX</u>	48 <u>HEPATO-BILIARY</u>	49 <u>SMALL INTESTINE (BOWEL)</u>
45 <u>BILIARY DUCT</u>	22 <u>INTESTINAL, NOS</u>	35 <u>SPINAL</u>
12 <u>BLADDER</u>	23 <u>KIDNEY</u>	36 [RETIRED CODE]
13 <u>BLOOD</u>	24 <u>LEUKEMIA (ACUTE, CHRONIC, OTHER)</u>	37 <u>STOMACH (GASTRIC)</u>
14 <u>BONE</u>	25 <u>LIVER</u>	38 <u>TESTICULAR</u>
15 <u>BRAIN</u>	26 <u>LUNG</u>	39 <u>THROAT</u>
16 <u>BREAST</u>	27 <u>LYMPHOMA, HODGKINS</u>	40 <u>THYROID</u>
17 <u>CERVICAL</u>	28 <u>MELANOMA</u>	50 <u>URETER</u>
18 <u>COLON (LARGE INTESTINE)</u>	29 <u>NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)</u>	41 <u>UTERINE</u>
19 <u>COLORECTAL</u>	30 <u>OVARIAN</u>	42 <u>OTHER (SPECIFY):</u>
20 <u>ENDOMETRIAL</u>	31 <u>PANCREATIC</u>	_____
21 <u>ESOPHAGEAL</u>	32 <u>PROSTATE</u>	43 [RETIRED CODE]
		99 DON'T KNOW/REFUSED

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 your last interview in in (MM/YY), have you ever taken aspirin, such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin, at least twice a week for more than a month?*

- 1 YES
- 2 NO [➔ 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 your last interview, how often did you take aspirin [such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin], when you were using it at least twice 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 [such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin] at least twice 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 your last interview in (MM/YY), have you ever taken any other non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least twice 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 your last interview, how often did you take this type of medication [IBUPROFEN, ADVIL, ALEVE, MOTRIN, NUPRIN, OR MEDIPREN], when you were using it at least twice 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 twice 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 your last interview, have you ever taken Celebrex, Vioxx, or Bextra, also known as COX-2 Inhibitors, at least twice 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 your last interview, how often did you take this medication [CELEBREX, CELECOXIB, VIOXX, ROFECOXIB], when you were using it at least twice 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 this type of medication [CELEBREX, CELECOXIB, VIOXX, ROFECOXIB], at least twice 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 your last interview in (MM/YY), have you ever taken acetaminophen-based medications, [such as Tylenol, Anacin-3, or Panadol], at least twice 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 your last interview in (MM/YY), how often did you take this type of medication [ACETAMINOPHEN-BASED MEDICATIONS], when you were using it at least twice 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 this type of medication [ACETAMINOPHEN-BASED MEDICATIONS] at least twice 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 your last interview in (MM/YY), have you taken multivitamin pills or tablets, not individual vitamins, at least twice 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 your last interview in (MM/YY), how often did you take multivitamin pills or tablets, when you were using it at least twice 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 in (MM/YY), how many months or years in total did you take multivitamins at least twice 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 in (MM/YY), have you taken folic acid or folate pills or tablets at least twice a week for more than a month?*

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

(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 them at least twice 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 twice 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 *The purpose of this next set of questions is to gather some background information from you. How much do you currently weigh?*

- [ENTER POUNDS] ___ ___ [DON'T KNOW/REFUSED, ENTER 999]
or
[ENTER KILOS] ___ ___ [DON'T KNOW/REFUSED, ENTER 99]

SECTION 3: REPRODUCTIVE HISTORY, HRT

[ONLY IF FEMALE]; IF MALE → GO TO SECTION 4]

(HYST_E_FU)

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

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

1st GYNECOLOGICAL SURGERY	2nd GYNECOLOGICAL SURGERY
<p>Q_HYSTY1_T [IF YES]</p> <p><i>What type of gynecological surgery did you have?</i></p> <ul 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]</p> <p><i>What type of surgery did you have?</i></p> <ul 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)</p> <p>Q_HYSTY1_W</p> <p><i>When did you (since your last interview) first have this surgery?</i></p> <ul 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)</p> <p>Q_HYSTY2_W</p> <p><i>When did you (since your last interview) have this next surgery?</i></p> <ul 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)</p> <p>Q_HYST2_SB</p> <p><i>Since that surgery, have you had any other surgeries on your ovaries and/or uterus?</i></p> <ul style="list-style-type: none"> 1 YES 2 NO [→ Q_M_VS] 9 DON'T KNOW/REFUSED [→ Q_M_VS] 	

SECTION 4: FAMILY HISTORY

Over time, one may learn more about their family history of cancer and other diseases. Thus, while you may have told us about your family member's cancer history previously, we need to ask you again to ensure it is as up-to-date and complete as possible. Further, as part of this study we hope to contact other family members to talk about their history and experiences in the same way as we have with you today. We will ask permission to invite some of your family members to participate in our study. If they join, we will also ask them for permission to invite some of their family members. We can go about this in two ways. You can have us approach them by sending them a letter if you think they would be willing to hear from us directly or, if you prefer, you can approach your relatives first and ask them if they are interested and then get back to us.

MOTHER VITAL STATUS

Q_M_VS *At the time of your last interview, you reported that your mother, [name], was born in [DOB], and [had never been diagnosed with cancer] or [had been diagnosed with (cancer type)].*

[IF MOTHER WAS NOT LIVING AT BASELINE → GO TO Q_F_VS]

[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) did she die?*

[ENTER CITY] _____

[ENTER STATE] _____

[ENTER COUNTRY IF NOT USA] _____

[DON'T KNOW/REFUSED = BLANK]

MOTHER CANCER HISTORY

Q_M_CA1 *Since your last interview, has your mother been diagnosed with cancer?*

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

MOTHER'S CANCERS

<u>1ST CANCER</u>	<u>2ND CANCER</u>	<u>3RD CANCER</u>	<u>4TH CANCER</u>	<u>5TH CANCER</u>
Q_M_CA1_T [IF YES] What type of cancer was it? [ENTER CODE] ____	Q_M_CA2_T	Q_M_CA3_T	Q_M_CA4_T	Q_M_CA5_T
Q_M_CA1_A What was her age when she was diagnosed? [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 In what year was she diagnosed? 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 [Has/had] your mother been diagnosed with another kind of cancer? 1 YES → Q_M_CA2_T 2 NO →GO TO Q_F_VS 9 DON'T KNOW/REF →GO TO Q_F_VS	Q_M_CA3 1 YES→Q_M_CA3_T 2 NO →Q_F_VS 9 DK/REF →Q_F_VS	Q_M_CA4 1 YES →Q_M_CA3_T 2 NO →Q_F_VS 9 DK/REF →Q_F_VS	Q_M_CA5 1 YES →Q_M_CA3_T 2 NO →Q_F_VS 9 DK/REF →Q_F_VS	[→GO TO Q_F_VS]

<u>CANCER TYPES</u>		
10 <u>ABDOMINAL</u>	21 <u>ESOPHAGEAL</u>	33 <u>RECTAL</u>
11 [RETIRED CODE]	46 <u>GALL BLADDER</u>	34 <u>SKIN-BASAL OR SQUAMOUS CELL CARCINOMA</u>
44 <u>APPENDIX</u>	47 <u>GASTROESOPHAGEAL</u>	49 <u>SMALL INTESTINE (BOWEL)</u>
45 <u>BILIARY DUCT</u>	48 <u>HEPATO-BILIARY</u>	35 <u>SPINAL</u>
12 <u>BLADDER</u>	22 <u>INTESTINAL, NOS</u>	36 [RETIRED CODE]
13 <u>BLOOD</u>	23 <u>KIDNEY</u>	37 <u>STOMACH (GASTRIC)</u>
14 <u>BONE</u>	24 <u>LEUKEMIA (ACUTE, CHRONIC, OTHER)</u>	38 <u>TESTICULAR</u>
15 <u>BRAIN</u>	25 <u>LIVER</u>	39 <u>THROAT</u>
16 <u>BREAST</u>	26 <u>LUNG</u>	40 <u>THYROID</u>
17 <u>CERVICAL</u>	27 <u>LYMPHOMA, HODGKINS</u>	50 <u>URETER</u>
18 <u>COLON (LARGE INTESTINE)</u>	28 <u>MELANOMA</u>	41 <u>UTERINE</u>
19 <u>COLORECTAL</u>	29 <u>NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)</u>	42 <u>OTHER (SPECIFY):</u>
20 <u>ENDOMETRIAL</u>	30 <u>OVARIAN</u>	_____
	31 <u>PANCREATIC</u>	43 [RETIRED CODE]
	32 <u>PROSTATE</u>	99 DON'T KNOW/REFUSED

FATHER VITAL STATUS

Q_F_VS [IF FATHER WAS NOT LIVING AT BASELINE → GO TO Q_SIBS]
[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_F_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) did he die?*
[ENTER CITY] _____
[ENTER STATE] _____
[ENTER COUNTRY IF NOT USA] _____
[DON'T KNOW/REFUSED = BLANK]

FATHER CANCER HISTORY

Q_F_CA1 *[Has/had] your father ever been 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]

FATHER'S CANCERS

<u>1ST CANCER</u>	<u>2ND CANCER</u>	<u>3RD CANCER</u>	<u>4TH CANCER</u>	<u>5TH CANCER</u>
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>In 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 Q_SIBS 9 DON'T KNOW/REF → Q_SIBS	Q_F_CA3 1 YES → Q_F_CA3_T 2 NO → Q_SIBS 9 DK/REF → Q_SIBS	Q_F_CA4 1 YES → Q_F_CA4_T 2 NO → Q_SIBS 9 DK/REF → SIBLING	Q_F_CA5 1 YES → Q_F_CA5_T 2 NO → Q_SIBS 9 DK/REF → Q_SIBS	→ GO TO Q_SIBS

<u>CANCER TYPES</u>		
10 <u>ABDOMINAL</u>	21 <u>ESOPHAGEAL</u>	33 <u>RECTAL</u>
11 [RETIRED CODE]	46 <u>GALL BLADDER</u>	34 <u>SKIN-BASAL OR SQUAMOUS CELL CARCINOMA</u>
44 <u>APPENDIX</u>	47 <u>GASTROESOPHAGEAL</u>	49 <u>SMALL INTESTINE (BOWEL)</u>
45 <u>BILIARY DUCT</u>	48 <u>HEPATO-BILIARY</u>	35 <u>SPINAL</u>
12 <u>BLADDER</u>	22 <u>INTESTINAL, NOS</u>	36 [RETIRED CODE]
13 <u>BLOOD</u>	23 <u>KIDNEY</u>	37 <u>STOMACH (GASTRIC)</u>
14 <u>BONE</u>	24 <u>LEUKEMIA (ACUTE, CHRONIC, OTHER)</u>	38 <u>TESTICULAR</u>
15 <u>BRAIN</u>	25 <u>LIVER</u>	39 <u>THROAT</u>
16 <u>BREAST</u>	26 <u>LUNG</u>	40 <u>THYROID</u>
17 <u>CERVICAL</u>	27 <u>LYMPHOMA, HODGKINS</u>	50 <u>URETER</u>
18 <u>COLON (LARGE INTESTINE)</u>	28 <u>MELANOMA</u>	41 <u>UTERINE</u>
19 <u>COLORECTAL</u>	29 <u>NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)</u>	42 <u>OTHER (SPECIFY):</u>
20 <u>ENDOMETRIAL</u>	30 <u>OVARIAN</u>	_____
	31 <u>PANCREATIC</u>	43 [RETIRED CODE]
	32 <u>PROSTATE</u>	99 DON'T KNOW/REFUSED

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)]

<p>Q_S1_VS [IF LIVING SIBS @ B/L = 0 [→ GO TO Q_NEWS] [IF LIVING SIBS @ B/L = 1] <i>Is your sibling (NAME) still living?</i> [IF LIVING SIBS @ B/L > 1] <i>Starting with your oldest sibling, (NAME), is (S/HE) still living?</i> 1 YES [→Q_S_CA1] 2 NO 9 DON'T KNOW/REFUSED [→Q_S CA1]</p>	<p>Q_S2_VS [IF SUBSEQUENT SIBLS LIVING @ B/L] <i>Continuing with your next oldest sibling, (NAME), is (S/HE) still living?</i> 1 YES [→Q_S_CA1] 2 NO 9 DK/REF [→Q_S_CA1]</p>	<p>Q_S3_VS to Q_S8_VS 1 YES [→Q_S_CA1] 2 NO 9 DK/REF [→Q_S_CA1]</p>
<p>Q_S1_DEC_W [IF NO] When did (S/HE) die? 1 [ENTER YEAR OF DEATH] ___ ___ ___ or 2 [ENTER AGE AT DEATH] ___ ___ or 3 [ENTER YEARS SINCE DEATH] ___ ___ 9 DON'T KNOW/REFUSED</p>	<p>Q_S2_DEC_W</p>	<p>Q_S3_DEC_W to Q_S8_DEC_W</p>
<p>Q_S1_DEC_L In what city and state (and country) did (S/HE) die? [ENTER CITY] _____ [ENTER STATE] _____ [ENTER COUNTRY IF NOT USA] _____ [DON'T KNOW/REFUSED = BLANK]</p>	<p>Q_S2_DEC_L</p>	<p>Q_S3_DEC_L to Q_S8_DEC_L</p>
<p>Q_S1_CA1 [Has/had] (S/HE) ever been diagnosed with cancer? 1 YES 2 NO/NOT THAT I'M AWARE OF [→ GO TO NEXT SIB]; IF NO MORE SIBLINGS [→ GO TO Q_NEWS] 9 DON'T KNOW/REFUSED [→ GO TO NEXT SIB]; IF NO MORE SIBLINGS [→ GO TO Q_NEWS]</p>	<p>Q_S2_CA1 1 YES 2 NO →NEXT SIB IF NO MORE SIBS →Q_NEWS DK/REF → NEXT SIB; IF NO MORE SIBS →Q_NEWS</p>	<p>Q_S3_CA1 to Q_S8_CA1 1 YES 2 NO →NEXT SIB IF NO MORE SIBS →Q_NEWS DK/REF → NEXT SIB; IF NO MORE SIBS →Q_NEWS</p>

SIBLINGS CANCERS

<u>1ST CANCER</u>	<u>2ND CANCER</u>	<u>3RD CANCER</u>	<u>4TH CANCER</u>	<u>5TH CANCER</u>
Q_S1_CA1_T [IF YES] What type of cancer was it? [ENTER CODE] ___	Q_S1_CA2_T	Q_S1_CA3_T	Q_S1_CA4_T	Q_S1_CA5_T
Q_S1_CA1_A What was [HIS/HER] age when (S/HE) was diagnosed? [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 What year was (S/HE) diagnosed? 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 [Has/had] this sibling been diagnosed with another kind of cancer? 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_NEWS]

<u>CANCER TYPES</u>		
10 <u>ABDOMINAL</u>	21 <u>ESOPHAGEAL</u>	33 <u>RECTAL</u>
11 [RETIRED CODE]	46 <u>GALL BLADDER</u>	34 <u>SKIN-BASAL OR SQUAMOUS CELL CARCINOMA</u>
44 <u>APPENDIX</u>	47 <u>GASTROESOPHAGEAL</u>	49 <u>SMALL INTESTINE (BOWEL)</u>
45 <u>BILIARY DUCT</u>	48 <u>HEPATO-BILIARY</u>	35 <u>SPINAL</u>
12 <u>BLADDER</u>	22 <u>INTESTINAL, NOS</u>	36 [RETIRED CODE]
13 <u>BLOOD</u>	23 <u>KIDNEY</u>	37 <u>STOMACH (GASTRIC)</u>
14 <u>BONE</u>	24 <u>LEUKEMIA (ACUTE, CHRONIC, OTHER)</u>	38 <u>TESTICULAR</u>
15 <u>BRAIN</u>	25 <u>LIVER</u>	39 <u>THROAT</u>
16 <u>BREAST</u>	26 <u>LUNG</u>	40 <u>THYROID</u>
17 <u>CERVICAL</u>	27 <u>LYMPHOMA, HODGKINS</u>	50 <u>URETER</u>
18 <u>COLON (LARGE INTESTINE)</u>	28 <u>MELANOMA</u>	41 <u>UTERINE</u>
19 <u>COLORECTAL</u>	29 <u>NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)</u>	42 <u>OTHER (SPECIFY):</u>
20 <u>ENDOMETRIAL</u>	30 <u>OVARIAN</u>	_____
	31 <u>PANCREATIC</u>	43 [RETIRED CODE]
	32 <u>PROSTATE</u>	99 DON'T KNOW/REFUSED

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_NEW_C1_VS] [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) 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 been diagnosed with cancer?</i> <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]

CHILDREN'S CANCERS

<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>	Q_C1_CA2_T	Q_C1_CA3_T	Q_C1_CA4_T	Q_C1_CA5_T

[ENTER CODE] ___ __				
Q_C1_CA1_A What was [HIS/HER] age when (S/HE) was diagnosed? [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 What year was (S/HE) diagnosed? 1 [YEAR @ DX] ___ __ __ __ or 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 Has/had this [SON/DAUGHTER] been diagnosed with another kind of cancer? 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] or [→ Q_C_NEW1]

<u>CANCER TYPES</u>	21 ESOPHAGEAL	33 <u>RECTAL</u>
10 <u>ABDOMINAL</u>	46 <u>GALL BLADDER</u>	34 <u>SKIN-BASAL OR SQUAMOUS CELL CARCINOMA</u>
11 [RETIRED CODE]	47 <u>GASTROESOPHAGEAL</u>	49 <u>SMALL INTESTINE (BOWEL)</u>
44 <u>APPENDIX</u>	48 <u>HEPATO-BILIARY</u>	35 <u>SPINAL</u>
45 <u>BILIARY DUCT</u>	22 <u>INTESTINAL, NOS</u>	36 [RETIRED CODE]
12 <u>BLADDER</u>	23 <u>KIDNEY</u>	37 <u>STOMACH (GASTRIC)</u>
13 <u>BLOOD</u>	24 <u>LEUKEMIA (ACUTE, CHRONIC, OTHER)</u>	38 <u>TESTICULAR</u>
14 <u>BONE</u>	25 <u>LIVER</u>	39 <u>THROAT</u>
15 <u>BRAIN</u>	26 <u>LUNG</u>	40 <u>THYROID</u>
16 <u>BREAST</u>	27 <u>LYMPHOMA, HODGKINS</u>	50 <u>URETER</u>
17 <u>CERVICAL</u>	28 <u>MELANOMA</u>	41 <u>UTERINE</u>
18 <u>COLON (LARGE INTESTINE)</u>	29 <u>NON-HODGKINS LYMPHOMA (LYMPH, LYMPHATIC)</u>	42 <u>OTHER (SPECIFY):</u> _____
19 <u>COLORECTAL</u>	30 <u>OVARIAN</u>	43 [RETIRED CODE]
20 <u>ENDOMETRIAL</u>	31 <u>PANCREATIC</u>	99 DON'T KNOW/REFUSED
	32 <u>PROSTATE</u>	

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 cancer? 1 YES 2 NO→ SECTION 5 9 DON'T KNOW/REFUSED→ 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

OTHER RELATIVE'S CANCERS

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>		
10 <u>ABDOMINAL</u>	21 <u>ESOPHAGEAL</u>	33 <u>RECTAL</u>
11 [RETIRED CODE]	46 <u>GALL BLADDER</u>	34 <u>SKIN-BASAL OR SQUAMOUS CELL CARCINOMA</u>
44 <u>APPENDIX</u>	47 <u>GASTROESOPHAGEAL</u>	49 <u>SMALL INTESTINE (BOWEL)</u>
45 <u>BILIARY DUCT</u>	48 <u>HEPATO-BILIARY</u>	35 <u>SPINAL</u>
12 <u>BLADDER</u>	22 <u>INTESTINAL, NOS</u>	36 [RETIRED CODE]
13 <u>BLOOD</u>	23 <u>KIDNEY</u>	37 <u>STOMACH (GASTRIC)</u>
14 <u>BONE</u>	24 <u>LEUKEMIA (ACUTE, CHRONIC, OTHER)</u>	38 <u>TESTICULAR</u>
15 <u>BRAIN</u>	25 <u>LIVER</u>	39 <u>THROAT</u>
16 <u>BREAST</u>	26 <u>LUNG</u>	40 <u>THYROID</u>
17 <u>CERVICAL</u>	27 <u>LYMPHOMA, HODGKINS</u>	50 <u>URETER</u>
18 <u>COLON (LARGE INTESTINE)</u>	28 <u>MELANOMA</u>	41 <u>UTERINE</u>
19 <u>COLORECTAL</u>	29 <u>NON-HODGKINS LYMPHOMA (LYMPH. LYMPHATIC)</u>	42 <u>OTHER (SPECIFY):</u>
20 <u>ENDOMETRIAL</u>	30 <u>OVARIAN</u>	_____
	31 <u>PANCREATIC</u>	43 [RETIRED CODE]
	32 <u>PROSTATE</u>	99 <u>DON'T KNOW/REFUSED</u>

SECTION 5 : NEW ADULTS

NEW ADULT SIBLINGS

Q_NEW_ADULT_SIBS

Since we last interviewed you in (MM/YYYY) have there been any brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILDREN]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILDREN]

Q_NEW_ADULT_SIB1_R

What is this relative's relationship to you?

- 1 FULL BROTHER
- 2 FULL SISTER
- 3 HALF BROTHER
- 4 HALF SISTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_SIB1_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_SIB1_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_SIB1_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_SIB1_OTHER]
- 9 DON'T KNOW [→ GO TO Q_ADULT_SIB1_OTHER]

Q_NEW_ADULT_SIB1_CONTACT

May we have his/her contact information?

Street address *Town/City*

State/Province *Country*

Phone number #1 *Phone number #2* *Phone number #3*

Q_NEW_ADULT_SIB1_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILDREN]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILDREN]

Q_NEW_ADULT_SIB2_R

What is this relative's relationship to you?

- 1 FULL BROTHER
- 2 FULL SISTER
- 3 HALF BROTHER
- 4 HALF SISTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_SIB2_NAME

What is this relative's full name?

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

Q_NEW_ADULT_SIB2_BD

What is his/her birth date?

____ / ____ / _____ (MM/DD/YYYY)

Q_NEW_ADULT_SIB2_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_SIB2_OTHER]
- 9 DON'T KNOW [→ GO Q_NEW_ADULT_SIB2_OTHER]

Q_NEW_ADULT_SIB2_CONTACT

May we have his/her contact information?

<i>Street address</i>	<i>Town/City</i>
-----------------------	------------------

<i>State/Province</i>	<i>Country</i>
-----------------------	----------------

<i>Phone number #1</i>	<i>Phone number #2</i>	<i>Phone number #3</i>
------------------------	------------------------	------------------------

Q_NEW_ADULT_SIB3_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILDREN]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILDREN]

Q_NEW_ADULT_SIB4_R

What is this relative's relationship to you?

- 1 FULL BROTHER
- 2 FULL SISTER
- 3 HALF BROTHER
- 4 HALF SISTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_SIB4_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_SIB4_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_SIB4_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_SIB4_OTHER]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_SIB4_OTHER]

Q_NEW_ADULT_SIB4_CONTACT

May we have his/her contact information?

Street address Town/City

State/Province Country

Phone number #1 Phone number #2 Phone number #3

Q_NEW_ADULT_SIB4_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILDREN]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILDREN]

Q_NEW_ADULT_SIB5_R

What is this relative's relationship to you?

- 1 FULL BROTHER
- 2 FULL SISTER
- 3 HALF BROTHER
- 4 HALF SISTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_SIB5_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_SIB4_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_SIB5_PERMISSION

May we contact them?

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

Q_NEW_ADULT_SIB5_CONTACT

May we have his/her contact information?

Street address Town/City

State/Province Country

Phone number #1 Phone number #2 Phone number #3

NEW ADULT CHILDREN

Q_NEW_ADULT_CHILDREN

Since we last interviewed you in (MM/YYYY) have there been any biological children that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_STUDIES]
- 9 DON'T KNOW [→ GO TO Q_STUDIES]

Q_NEW_ADULT_CHILD1_R

What is this relative's relationship to you?

- 1 SON
- 2 DAUGHTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_CHILD1_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_CHILD1_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_CHILD1_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILD1_OTHER]
- 9 DON'T KNOW [→ GO TO Q_ADULT_CHILD1_OTHER]

Q_NEW_ADULT_CHILD1_CONTACT

May we have his/her contact information?

Street address

Town/City

State/Province

Country

Phone number #1

Phone number #2

Phone number #3

Q_NEW_ADULT_CHILD1_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_STUDIES]
- 9 DON'T KNOW [→ GO TO Q_STUDIES]

Q_NEW_ADULT_CHILD2_R

What is this relative's relationship to you?

- 1 SON
- 2 DAUGHTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_CHILD2_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_CHILD2_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_CHILD2_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILD2_OTHER]
- 9 DON'T KNOW [→ GO Q_NEW ADULT CHILD2 OTHER]

Q_NEW_ADULT_CHILD2_CONTACT

May we have his/her contact information?

Street address

Town/City

State/Province

Country

Phone number #1

Phone number #2

Phone number #3

Q_NEW_ADULT_CHILD2_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILD_PARENTS]
- 9 DON'T KNOW [→ GO TO Q STUDIES]

Q_NEW_ADULT_CHILD3_R

What is this relative's relationship to you?

- 1 SON
- 2 DAUGHTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_CHILD3_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_CHILD3_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_CHILD3_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILD3_OTHER]
- 9 DON'T KNOW [→ GO Q_NEW_ADULT_CHILD3_OTHER]

Q_NEW_ADULT_CHILD3_CONTACT

May we have his/her contact information?

Street address

Town/City

State/Province

Country

Phone number #1

Phone number #2

Phone number #3

Q_NEW_ADULT_CHILD3_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ Q_NEW_ADULT_CHILD_PARENTS]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILD_PARENTS]

Q_NEW_ADULT_CHILD4_R

What is this relative's relationship to you?

- 1 SON
- 2 DAUGHTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_CHILD4_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_CHILD4_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_CHILD4_PERMISSION

May we contact them?

- 1 YES [→ CONTINUE]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILD4_OTHER]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILD4_OTHER]

Q_NEW_ADULT_CHILD4_CONTACT

May we have his/her contact information?

Street address

Town/City

State/Province

Country

Phone number #1

Phone number #2

Phone number #3

Q_NEW_ADULT_CHILD4_OTHER

Since we last interviewed you in (MM/YYYY) have there been any other brothers or sisters, whether full or half, that have turned 21 or older?

- 1 YES [→ CONTINUE BELOW]
- 2 NO [→ GO TO Q_NEW_ADULT_CHILD_PARENTS]
- 9 DON'T KNOW [→ GO TO Q_NEW_ADULT_CHILD_PARENTS]

Q_NEW_ADULT_CHILD5_R

What is this relative's relationship to you?

- 1 SON
- 2 DAUGHTER
- 9 DON'T KNOW/REFUSED

Q_NEW_ADULT_CHILD5_NAME

What is this relative's full name?

LAST NAME FIRST NAME MIDDLE INITIAL

Q_NEW_ADULT_CHILD5_BD

What is his/her birth date?

____/____/____ (MM/DD/YYYY)

Q_NEW_ADULT_CHILD5_PERMISSION

May we contact them?

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

Q_NEW_ADULT_CHILD5_CONTACT

May we have his/her contact information?

Street address *Town/City*

State/Province *Country*

Phone number #1 *Phone number #2* *Phone number #3*

Q_NEW_ADULT_CHILD_PARENTS

[IF Q_NEW_ADULT_CHILD1_OTHER • 1 → GO TO Q_STUDIES]

Do these children, (that have turned 21 since we last interviewed in (MM/YYYY), all have the same two parents (you and your spouse/partner)?

- 1 YES
- 2 NO
- 9 DON'T KNOW

(Q_STUDIES_FU)

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

- 1 YES → Specify: (Q_STUDIES_TXT) _____
- 2 NO
- 3 DON'T KNOW/REFUSED

SECTION 6: CONTACT INFORMATION [NOT TRANSMITTED TO UCI]

Q6_SP [ONLY ASK FOR CONTACT INFO IF PERSON REPORTS BEING MARRIED IN Q1_5, (MARITALSTATUS)]

Finally, we would like to ask you some questions to update your contact information.

May we have the name and date of birth of your spouse?

- 1 yes → Q11_SP1
- 2 no → Q11_MO
- 3 don't know/refused → Q11_MO

Q6_SP1 *What is your spouse's full name?*

[DON'T KNOW/REFUSED = DK 1ST, DK LAST, DK NAME]

[IF R DOES NOT KNOW PART OF NAME, USE CODES PROVIDED ABOVE (EX: DK 1ST SMITH)]

Q6_SP2 *What is your spouse's date of birth?*

Q11_3 month ____ [DON'T KNOW/REF = 13] (BIRTHMONTH)

Q11_3DD day ____ [DON'T KNOW/REF = 32] (BIRTHDAY)

Q6_3YY year ____ [DON'T KNOW/REF = 9999] (BIRTHYEAR)

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]	(____) _____ - _____