

Ontario Familial Colorectal Cancer Registry



Personal History Questionnaire

This questionnaire is about factors that may relate to a person's risk of developing cancer. Although it is important to have complete data for scientific reasons and we encourage you to answer all questions, if you come to a question that you do not want to answer, please write "prefer not to answer" beside it and then continue to answer the remaining questions.

If you wish to talk to someone about this questionnaire, you may call (416) 217-1310 or 1-866-225-2728 or email OFCCR@cancercare.on.ca

Please write in your answers where space is provided, or please insert a check mark inside the circle. ✓

What date are you filling out this questionnaire? ___ / ___ / ___
day month year

Identifying Information

1. Are you male or female? male
 female
2. What is your age? _____ years
 don't know
3. What is your date of birth? day _____
month _____
year _____
 don't know day
 don't know month
 don't know year
4. Are you a twin or triplet? yes, a twin
 yes, other multiple (triplet, quadruplet, etc.): _____
please specify
 no
 don't know
→ *If yes, please read the following statement and answer the question.*
Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have a strong resemblance to each other in height, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.
Do you have a genetically identical twin or triplet?
 yes
 no
 don't know
5. What is your marital status? currently married or living as married
 separated
 divorced
 widowed
 single or never married
 don't know

Bowel Screening and Health

6. Have you ever had a **test for blood in your stool, called a smear test or a hemoccult or fecal occult blood test (FOBT)**? This test is frequently done as part of a routine physical examination, or it can be done at home. It is generally done at home using a kit.

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

6a. When did you **first** have this test?

age when **first** tested _____

or

year of **first** test _____

- don't know

6b. What were the reasons for your **first** test?

Please tick all that apply.

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: _____
please specify
- don't know

6c. How many times have you had a hemoccult test?

_____ number of hemoccult tests

- don't know

6d. If you have had a hemoccult test more than once, when did you **last** have this test?

age when **last** tested _____

or

year of **last** test _____

- don't know

7. A **barium enema (BE)** is an x-ray examination of your colon. In this procedure a special solution, and generally air is pumped into the colon or bowel through the rectum, so these organs can be seen on the x-ray.

Have you **ever** had a **barium enema/x-ray test**?

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

7a. When did you **first** have this test?

age when **first** tested _____

or

year of **first** test _____

- don't know

7b. What were the reasons for your **first** test?

Please tick all that apply.

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- follow-up of hemoccult or fecal occult blood test (FOBT)
- other: _____
please specify
- don't know

7c. How many times have you had a barium enema?

_____ number of barium enemas

- don't know

7d. If you have had a barium enema test more than once, when did you **last** have this test?

age when **last** tested _____

or

year of **last** test _____

- don't know

8. Have you ever had a **sigmoidoscopy**?
Sigmoidoscopy involves looking inside the lower bowel and rectum with a lighted instrument. This examination is usually done in a doctor's office without anesthesia.

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

8a. When did you **first** have this test?

age when **first** tested ____ ____

or

year of **first** test ____ ____

- don't know

8b. What were the reasons for your **first** sigmoidoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- follow-up of hemoccult or fecal occult blood test (FOBT)
- other: _____
please specify
- don't know

8c. How many times have you had a sigmoidoscopy?

____ number of sigmoidoscopies

- don't know

8d. If you have had a sigmoidoscopy more than once, when did you **last** have this test?

age when **last** tested ____ ____

or

year of **last** test ____ ____

- don't know

9. Have you ever had a **colonoscopy**?
Colonoscopy is an examination of the entire large bowel using a long flexible instrument. This examination is usually done under sedation.

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

9a. When did you **first** have this test?

age when **first** tested ____ ____

or

year of **first** test ____ ____

- don't know

9b. What were the reasons for your **first** colonoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- follow-up of hemoccult or fecal occult blood test (FOBT)
- other: _____
please specify
- don't know

9c. How many times have you had a colonoscopy?

____ number of colonoscopies

- don't know

9d. If you have had a colonoscopy more than once, when did you **last** have this test?

age when **last** tested ____ ____

or

year of **last** test ____ ____

- don't know

10. A **CT colonograph or virtual colonoscopy** is a procedure without sedation and is done using X-rays taken in a CT scanner. The exam takes 20-30 minutes usually. No scope is used. Instead the test is done with you laying on a table that is slid through a large tunnel called a CT scanner. Preparation involves drinking fluids or taking pills to cleanse the bowel. Have you **ever** had a **CT colonograph or a virtual colonoscopy**?

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

10a. When did you **first** have this test?

age when **first** tested _____

or

year of **first** test _____

- don't know

10b. What were the reasons for your **most recent** CT colonoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- follow-up of hemoccult or fecal occult blood test (FOBT)
- other: _____
- don't know *please specify*

10c. How many times have you had a CT colonograph?

_____ number of CT colonographies

- don't know

10d. If you have had a CT colonograph more than once, when did you **last** have this test?

age when **last** tested _____

or

year of **last** test _____

- don't know

11. Has a doctor ever told you that you had **polyps** in your large bowel or colon or rectum? Polyps are growths in the lining of the colon which vary in size from a tiny dot to several inches.

- yes
- no → *please go to question 12*
- don't know → *please go to question 12*

11a. When did your doctor **first** tell you that you had polyps?

age at **first** diagnosis _____

or

year of **first** diagnosis _____

- don't know

11b. Have you been told more than once that you had polyps?

- yes
- no
- don't know

11c. When did your doctor **last** tell you that you had polyps?

age at **last** diagnosis _____

or

year of **last** diagnosis _____

- don't know

11d. Do you know what kind of polyps they were? *Please include all the separate times you were told you had polyps. Please tick all that apply.*

- benign
- adenomatous (pre-cancerous)
- hyperplastic
- other: _____
- don't know *please specify*

- 11e. Did you have the polyps removed by a procedure called a polypectomy? (This can be done during a sigmoidoscopy or colonoscopy).
- yes
- no → *please go to question 12*
- don't know → *please go to question 12*
- 11f. When did you **first** have polyps removed?
- age at **first** polypectomy ____ ____
- or*
- year of **first** polypectomy ____ ____
- don't know
- 11g. Have you had polyps removed more than once?
- yes
- no
- don't know
- 11h. If you have had polyps removed more than once, when did you **last** have polyps removed?
- age at **last** polypectomy ____ ____
- or*
- year of **last** polypectomy ____ ____
- don't know
12. Has a doctor ever told you that you had **familial adenomatous polyposis, known also as FAP**? This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon.
- yes
- no → *please go to question 13*
- don't know → *please go to question 13*
- 12a. When did your doctor **first** tell you that you had FAP?
- age at diagnosis ____ ____
- or*
- year of diagnosis ____ ____
- don't know
13. 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 → *please go to question 14*
- don't know → *please go to question 14*
- 13a. When did your doctor **first** tell you that you had Crohn's disease?
- age at diagnosis ____ ____
- or*
- year of diagnosis ____ ____
- don't know
14. 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 → *please go to question 15*
- don't know → *please go to question 15*
- 14a. When did your doctor **first** tell you that you had ulcerative colitis?
- age at diagnosis ____ ____
- or*
- year of diagnosis ____ ____
- don't know
15. Has a doctor ever told you that you had **irritable bowel syndrome**? This is a disorder of the bowel leading to cramping, gassiness, bloating and alternating diarrhoea and constipation. It is sometimes called IBS, or spastic colon.
- yes
- no → *please go to question 16*
- don't know → *please go to question 16*

15a. When did your doctor **first** tell you that you had irritable bowel syndrome?

age at diagnosis _____

or

year of diagnosis _____

don't know

16. 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 the bowel may become infected, and can lead to pain and chronic problems with bowel habits.

yes

no → *please go to question 17*

don't know → *please go to question 17*

16a. When did your doctor **first** tell you that you had diverticular disease?

age at diagnosis _____

or

year of diagnosis _____

don't know

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

yes

no → *please go to question 18*

don't know → *please go to question 18*

→ Was it completely removed, or was only part of it removed?

completely removed

partly removed

don't know

17a. When did you **first** have any of your bowel or colon removed?

age at **first** operation _____

or

year of **first** operation _____

don't know

17b. Have you had more than one surgery to remove your bowel or colon?

yes

no → *please go to question 18*

don't know → *please go to question 18*

17c. When did you **last** have all or part of your bowel or colon removed?

age at **last** operation _____

or

year of **last** operation _____

don't know

18. Have you had your **gallbladder** removed?

yes

no → *please go to question 19*

don't know → *please go to question 19*

18a. When did you have your gallbladder removed?

age at operation _____

or

year of operation _____

don't know

19. Has a doctor ever told you that you had **diabetes**, also known as **diabetes mellitus**? *Please do not include diabetes which you had **only** during pregnancy.*

yes

no → *please go to question 20*

don't know → *please go to question 20*

19a. When did your doctor **first** tell you that you had diabetes?

age at diagnosis _____

or

year of diagnosis _____

don't know

- 19b. Did you ever take medication to control your diabetes?
- yes
 - no → *please go to question 20*
 - don't know → *please go to question 20*

- 19c. What type of medication did you use, pills, insulin injections or insulin pump?
(Please check all that apply)
- pills
 - insulin injections
 - insulin pump
 - don't know → *please go to question 20*

- 19d. How often did you usually take it?
Please choose the most appropriate category.

	Pills	Insulin injection	Insulin pump
times per day <i>or</i>	_____	_____	_____
times per week <i>or</i>	_____	_____	_____
times per month <i>or</i>	_____	_____	_____
times per year	_____	_____	_____
don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 19e. **About two years** ago, were you taking it?
- | | Pills | Insulin
injection | Insulin
pump |
|------------|-----------------------|------------------------------|-------------------------|
| yes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| no | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| don't know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 19f. How long, in total, have you taken this medication?
- | | Pills | Insulin
injection | Insulin
pump |
|----------------------------|-----------------------|------------------------------|-------------------------|
| number of months <i>or</i> | _____ | _____ | _____ |
| number of years | _____ | _____ | _____ |
| don't know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Has a doctor ever told you that you had **high cholesterol**? *If your doctor told you it was borderline, please tick no.*
- yes
 - no → *please go to question 21*
 - don't know → *please go to question 21*

- 20a. When did your doctor **first** tell you that you had high cholesterol?
- age at diagnosis _____
or
year of diagnosis _____
- don't know

- 20b. Did you ever take medication to control your high cholesterol (statins such as Lipitor, Mevacor, Altocor, Pravachol or Crestor)?
- yes
 - no → *please go to question 21*
 - don't know → *please go to question 21*

- 20c. How often did you usually take it?
Please choose the most appropriate category.
- _____ times per day *or*
_____ times per week *or*
_____ times per month *or*
_____ times per year
- don't know

- 20d. **About two years** ago were you taking it?
- yes
 - no
 - don't know

- 20e. How long, in total, have you taken this medication?
- _____ number of months *or*
_____ number of years
- don't know

21. Has a doctor ever told you that you had **high levels of fat (other than cholesterol) in your blood**, also called **high triglycerides**?

If your doctor told you it was borderline, please tick no.

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

21a. When did your doctor **first** tell you that you had high triglycerides?

age at diagnosis ____ ____

or

year of diagnosis ____ ____

- don't know

21b. Did you ever take medication to control the high levels of fat in your blood?

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

21c. How often did you usually take it? *Please choose the most appropriate category.*

____ ____ times per day *or*

____ ____ times per week *or*

____ ____ times per month *or*

____ ____ times per year

- don't know

21d. **About two years** ago, were you taking it?

- yes
- no
- don't know

21e. How long, in total, have you taken this medication?

____ ____ number of months *or*

____ ____ number of years

- don't know

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

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

Please provide details of all your cancer diagnosis.

Type of cancer	When was this cancer diagnosed?	Did you receive any chemotherapy and/or radiation therapy for this cancer?
1. _____ _____ _____	age at diagnosis _____ <i>or</i> year of diagnosis _____ <i>or</i> I was diagnosed ____ years ago <input type="radio"/> don't know	<input type="radio"/> yes, I received chemotherapy <input type="radio"/> yes, I received radiation therapy <input type="radio"/> yes, I received chemotherapy and radiation therapy <input type="radio"/> no, I did not receive chemotherapy or radiation therapy <input type="radio"/> don't know
2. _____ _____ _____	age at diagnosis _____ <i>or</i> year of diagnosis _____ <i>or</i> I was diagnosed ____ years ago <input type="radio"/> no, did not have cancer the second time <input type="radio"/> don't know	<input type="radio"/> yes, I received chemotherapy <input type="radio"/> yes, I received radiation therapy <input type="radio"/> yes, I received chemotherapy and radiation therapy <input type="radio"/> no, I did not receive chemotherapy or radiation therapy <input type="radio"/> don't know
3. _____ _____ _____	age at diagnosis _____ <i>or</i> year of diagnosis _____ <i>or</i> I was diagnosed ____ years ago <input type="radio"/> no, did not have cancer the third time <input type="radio"/> don't know	<input type="radio"/> yes, I received chemotherapy <input type="radio"/> yes, I received radiation therapy <input type="radio"/> yes, I received chemotherapy and radiation therapy <input type="radio"/> no, I did not receive chemotherapy or radiation therapy <input type="radio"/> don't know
4. _____ _____ _____	age at diagnosis _____ <i>or</i> year of diagnosis _____ <i>or</i> I was diagnosed ____ years ago <input type="radio"/> no, did not have cancer the fourth time <input type="radio"/> don't know	<input type="radio"/> yes, I received chemotherapy <input type="radio"/> yes, I received radiation therapy <input type="radio"/> yes, I received chemotherapy and radiation therapy <input type="radio"/> no, I did not receive chemotherapy or radiation therapy <input type="radio"/> don't know

23. Have you ever taken any of the following medications regularly (at least twice a week for more than a month)?

	Have you taken this medication regularly , i.e. at least twice a week for more than a month? Please select only one for each medication	How often did you usually take it when you were taking it regularly , i.e. at least twice a week for more than a month? Please do not leave blank Please select only one	About two years ago were you taking it regularly? Please do not leave blank Please select only one	How long in total have you taken this medication regularly ? <i>If you started and stopped and then started again, please count only the time you were taking this medication.</i> Please do not leave blank Please select only one
Medication	ASPIRIN (such as Anacin, Bufferin, Bayer, Excedrin, etc.)	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
ACETAMINOPHEN (such as Tylenol, Anacin-3, Panadol, etc.)	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
IBUPROFEN-based medications (such as Advil, Motrin, Indocid, naprosyn, NSAIDS (NSAIDS are non-steroidal anti-inflammatory agents))	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
COX 2 Inhibitor NSAIDS (such as Celebrex, Vioxx, Mobicox)	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) _____ <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know

24. Have you ever taken any of the following laxatives regularly (at least twice a week for more than a month)?

Laxatives	Have you taken this medication regularly , i.e. at least twice a week for more than a month?	How often did you usually take it when you were taking it regularly , i.e. at least twice a week for more than a month?	About two years ago were you taking it regularly?	How long in total have you taken this medication regularly ? <i>If you started and stopped and then started again, please count only the time you were taking this medication.</i>
Bulk forming laxatives (such as Metamucil, Citrucel, FiberCon, Serutan, physellium)	Please select only one for each medication <input type="radio"/> yes (please provide details) \longrightarrow <input type="radio"/> no <input type="radio"/> don't know	____ times per day <i>or</i> ____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) \longrightarrow <input type="radio"/> no <input type="radio"/> don't know	Please do not leave blank Please select only one ____ No. of months <i>or</i> ____ No. of years <input type="radio"/> don't know
POLYETHYLENE glycol laxative (such as MiraLax, GlycoLax or GoLYTELY, etc.)	<input type="radio"/> yes (please provide details) \longrightarrow <input type="radio"/> no <input type="radio"/> don't know	____ times per day <i>or</i> ____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) \longrightarrow <input type="radio"/> no <input type="radio"/> don't know	____ No. of months <i>or</i> ____ No. of years <input type="radio"/> don't know
Other laxatives (such as Ex-lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia, lactulose, Epsom salts)	<input type="radio"/> yes (please provide details) \longrightarrow <input type="radio"/> no <input type="radio"/> don't know	____ times per day <i>or</i> ____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) \longrightarrow <input type="radio"/> no <input type="radio"/> don't know	____ No. of months <i>or</i> ____ No. of years <input type="radio"/> don't know

25. Have you ever taken any of the following vitamins or supplements regularly (at least twice a week for more than a month)?

	Have you taken this medication regularly , i.e. at least twice a week for more than a month?	How often did you usually take it when you were taking it regularly , i.e. at least twice a week for more than a month?	About two years ago were you taking it regularly?	How long in total have you taken this medication regularly ? <i>If you started and stopped and then started again, please count only the time you were taking this medication.</i>
Vitamins and Supplements	Please select only one for each medication <input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	Please do not leave blank Please select only one _____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	Please do not leave blank Please select only one <input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	Please do not leave blank Please select only one _____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
Multivitamin supplements (such as One-A-Day, Theragram, Centrum, Unicap) (not individual vitamins)	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
Folic acid or folate pills	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
Calcium pills or tablets	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
Calcium-based antacids (such as Tums, Rolaids, Extra-strength Rolaids, Alka-Mints, Chooze, Antacid gum)	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) → <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know

25. (continued) Have you ever taken any of the following vitamins or supplements regularly (at least twice a week for more than a month)?

Vitamins and Supplements	Have you taken this medication regularly , i.e. at least twice a week for more than a month? Please select only one for each medication	How often did you usually take it when you were taking it regularly , i.e. at least twice a week for more than a month? Please do not leave blank Please select only one	About two years ago were you taking it regularly? Please do not leave blank Please select only one	How long in total have you taken this medication regularly ? <i>If you started and stopped and then started again, please count only the time you were taking this medication.</i> Please do not leave blank Please select only one
Vitamin D only or in combination with calcium supplement (not part of multivitamin)	<input type="radio"/> yes (please provide details) —————> <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) —————> <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
Cod liver oil	<input type="radio"/> yes (please provide details) —————> <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) —————> <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know
Selenium pills	<input type="radio"/> yes (please provide details) —————> <input type="radio"/> no <input type="radio"/> don't know	_____ times per day <i>or</i> _____ times per week <input type="radio"/> don't know	<input type="radio"/> yes (please provide details) —————> <input type="radio"/> no <input type="radio"/> don't know	_____ No. of months <i>or</i> _____ No. of years <input type="radio"/> don't know

Men: please go to question 37 on page 18
Women: please continue with question 26 on page 14

Menstruation, Pregnancy and Menopause

26. How old were you when you had your **first** menstrual period?
____ ____ years of age
 don't know
 never had a menstrual period
27. Have you ever been pregnant?
 yes
 no → *please go to question 28*
 don't know → *please go to question 28*
How many times have you been pregnant?
Please include miscarriages, stillbirths, tubal pregnancies and abortions.
____ ____ number of pregnancies
 don't know
- 27a. How many times were you pregnant with more than one baby (twins, triplets or more)?
If you are pregnant now, please do not include your current pregnancy.
 never
____ ____ number of pregnancies with more than one baby.
 don't know
- 27b. 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.) *If you are pregnant now, please do not include your current pregnancy.*
 all of them
____ ____ number of pregnancies lasting 6 months or longer.
 don't know
- 27c. How many of your pregnancies resulted in live births?
 all of them
____ ____ number of pregnancies with live-born children.
 don't know
- 27d. How old were you at the **first** live birth?
age at **first** birth ____ ____ *or*
year of **first** birth ____ ____
 don't know
- 27e. How old were you at the **last** live birth?
age at **last** birth ____ ____ *or*
year of **last** birth ____ ____
 don't know
28. Have you ever used birth control pills or other hormonal contraceptives (implants or injections) for at least one year?
 yes
 no → *please go to question 29*
 don't know → *please go to question 29*
How old were you when you **first** used any of these hormonal contraceptives?
age at **first** use ____ ____ *or*
year of **first** use ____ ____
 don't know
- 28a. Were you still using hormonal contraceptives **about two years ago**?
 yes
 no
 don't know

28b. In **total**, how long did you take these hormonal contraceptives? *If you started and stopped and then started again, please count only the time you were taking these contraceptives.*

_____ number of years

don't know

29. Have you had a **menstrual** period in the last 12 months? *Please include only **menstrual** bleeding, not bleeding that results from hormone replacement therapy (HRT) or progesterones, progestins or withdrawal bleeding.*

yes → *please go to question 35*

no

don't know → *please go to question 35*

Have your periods stopped permanently or only temporarily due to pregnancy, breast-feeding, or other conditions

permanently

temporarily → *please go to question 35*

30. How old were you when your periods stopped permanently?

age they stopped _____ or

year they stopped _____

don't know

31. Why did your menstrual periods stop permanently? *Please tick all that apply.*

natural menopause

surgery

radiation or chemotherapy → *please go to question 32*

other reason
Please specify: _____

→ *please go to question 33*

don't know

32. **If you had radiation or chemotherapy**, when did you **first** have it?

had radiation or chemotherapy

age when this was given _____ or
year when this was given _____

don't know

never had radiation or chemotherapy

33. **If your periods stopped permanently for any reason except natural causes or surgery or radiation or chemotherapy**, when did this occur?

other reason

Please specify: _____

age when occurred _____ or
year when occurred _____

Please complete the next few questions which ask about surgeries you may have had.
Please answer all questions.

34. Hysterectomy (only the uterus or womb removed).

yes

no

don't know

age when removed _____ or
year when removed _____

don't know

34a. Hysterectomy with one ovary or part of an ovary removed

yes

no

don't know

age when removed _____ or
year when removed _____

don't know

34b. Hysterectomy with both ovaries removed.

- yes
 - no
 - don't know
- age when removed ____ ____ *or*
year when removed ____ ____ ____ ____
- don't know

34c. One ovary removed, completely or partly, without hysterectomy.

- yes
 - no
 - don't know
- age when removed ____ ____ *or*
year when removed ____ ____ ____ ____
- don't know

34d. Both ovaries removed without hysterectomy.

- yes
 - no
 - don't know
- age when removed ____ ____ *or*
year when removed ____ ____ ____ ____
- don't know

35. Doctors prescribe **hormone replacement therapy** for many reasons, including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention. (Menopausal symptoms include hot flashes, sweating, and depression).

Have you ever taken hormone replacement therapy prescribed by a doctor in the form of a pill or a patch?

Please do not include hormone therapy that was prescribed for birth control, infertility hormone therapy delivered by injections, vaginal creams or vaginal suppositories, or herbal or soy products.

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

35a. Were you still having **menstrual** periods when you **first** took these hormones?

- yes
- no
- don't know

35b. Were you **ever** prescribed either an estrogen-only pill or patch (such as Premarin) for hormone replacement therapy?

- yes
- no → *please go to question 35e*
- don't know → *please go to question 35e*

→ How old were you when you **first** took estrogen-only medication?

- age when **first** taken ____ ____ *or*
year when **first** taken ____ ____ ____ ____
- don't know

35c. Were you still using estrogen-only medication for hormone replacement therapy **about two years ago**?

- yes
- no
- don't know

35d. In total, how long did you take estrogen-only medication for hormone replacement therapy? *If you started and stopped and then started again, please count only the time you were taking this medication.*

- ____ ____ number of months *or*
____ ____ number of years
- don't know

35e. Progesterone or progestin is frequently prescribed by doctors together with estrogen for hormone replacement therapy. One common brand name is Provera. Another one is Prometrium. Have you ever taken progesterone or progestin together with estrogens for hormone replacement therapy?

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

How old were you when you **first** took progesterone or progestin together with estrogens?

age when **first** taken ____ ____ *or*
year when **first** taken ____ ____ ____ ____

- don't know

35f. Were you still using progesterone or progestin medication **about two years** ago?

- yes
- no
- don't know

35g. In total, how long did you take progesterone or progestin together with estrogens? *If you started and stopped and then started again, please count only the time you were taking this medication.*

____ ____ number of months *or*
____ ____ number of years

- don't know

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

- yes
- no → *please go to question 37*
- possibly - I have participated in a clinical trial for tamoxifen or other anti-estrogen medication
- don't know → *please go to question 37*

What anti-estrogen medication did you take? *Please tick all that apply.*

- tamoxifen
- raloxifene
- other: _____
please specify

36a. How old were you when you **first** took tamoxifen, raloxifene or other anti-estrogen medication?

age when **first** taken ____ ____ *or*
year when **first** taken ____ ____ ____ ____

- don't know

36b. Were you still taking tamoxifen, raloxifene or other anti-estrogen medication **about two years** ago?

- yes
- no
- don't know

36c. In total, how long did you take taxmoxifen, raloxifene or other anti-estrogen medication? *If you started and stopped and then started again, please count only the time you were taking this medication.*

____ ____ number of months *or*
____ ____ number of years

- don't know

Diet

37. **About two years ago**, on average, how often did you eat a piece or serving of **fruit**?
(A serving of fruit is: 1 medium-sized fruit; 1/2 cup of chopped, cooked or canned fruit; 1/4 cup of dried fruit; 6 ounces of fruit juice (50%-100% pure juice). *Please choose one of the following.*
- ____ ____ servings per day *or*
____ ____ servings per week *or*
____ ____ servings per month
- don't know
38. **About two years ago**, on average, how often did you eat a serving of **vegetables**? *Please include green salads, beans, lentils, and potatoes (not packaged potato chips), etc.*
(A serving of vegetables is: 1 cup raw leafy vegetables; 1/2 cup of other vegetables, cooked or chopped raw; 6 ounces of vegetable juice). *Please choose one of the following.*
- ____ ____ servings per day *or*
____ ____ servings per week *or*
____ ____ servings per month
- don't know
39. **About two years ago**, on average, how often did you eat a serving of **red meat** (not chicken or fish)?
(A serving of red meat is: 2-3 ounces of red meat (a piece of meat about the size of a deck of cards). Red meats include: beef, steak, hamburger, prime rib, ribs, beef hot dogs, beef-based processed meat, veal, pork, bacon, pork sausage, ham, lamb, venison). *Please choose one of the following.*
- ____ ____ servings per day *or*
____ ____ servings per week *or*
____ ____ servings per month
- didn't eat red meat → *please go to question 40*
- don't know
- 39a. **About two years ago**, on average, how often did you eat a serving of **red meat** that was cooked by broiling, grilling, barbecuing or pan frying (**not** stir-fried or deep-fried)? *Please choose one of the following.*
- ____ ____ servings per day *or*
____ ____ servings per week *or*
____ ____ servings per month
- didn't eat red meat that was cooked by these methods → *please go to question 40*
- don't know

39b. On average, when you ate **red meat** cooked by these methods, which of the following best describes its appearance?

What was its **outside** appearance?

- lightly browned
- medium browned
- heavily browned or blackened
- don't know

What was its **inside** appearance
(how well done it was)?

- red (rare)
- pink (medium)
- brown (well done)
- don't know

40. **About two years ago**, on average, how often did you eat a serving of **chicken**? *Please do not include turkey or any other bird.*

(A serving of chicken is: 2-3 ounces of chicken meat; 1 drumstick; 1 thigh; half a breast; 2 wings; 3 nuggets). *Please choose one of the following.*

___ ___ servings per day *or*

___ ___ servings per week *or*

___ ___ servings per month

- didn't eat chicken → *please go to question 41*
- don't know

40a. **About two years ago**, on average, how often did you eat a serving of **chicken** that was cooked by broiling, grilling, barbecuing or pan frying (**not** stir-fried or deep-fried)? *Please choose one of the following.*

___ ___ servings per day *or*

___ ___ servings per week *or*

___ ___ servings per month

- didn't eat chicken that was cooked by these methods → *please go to question 41*
- don't know

40b. On average, when you ate **chicken** cooked by these methods, which of the following best describes its appearance?

What was its **outside** appearance?

- lightly browned
- medium browned
- heavily browned or blackened
- don't know

Physical Activity

We would like you to think back to when you were **in your 20s** and remember the physical activities you participated in then.

41. **In your 20s**, did you participate **regularly** in physical activity **for a total of at least 30 minutes a week**?

- yes → *please describe your activities below*
- no → *please go to question 42*
- don't know → *please go to question 42*

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
Heavy occupational work	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Heavy household or yard work (examples: using a non-power mower, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Walking	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Jogging (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Running (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Bicycling (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Swimming laps	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Tennis, squash, racquetball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Calisthenics, aerobics, vigorous dance, lifting weights	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Football, soccer, rugby, basketball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

In your 20s, did you do any other **additional recreational strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

- yes → *please describe your activities below*
- no → *please go to question 42*
- don't know → *please go to question 42*

Activity <i>please specify</i>	For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____ →	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____ →	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____ →	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____ →	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____ →	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

42. When you were **in your 20s**, what was your usual occupation? (We mean what you did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed).

Occupation: _____

- don't know

If you are younger than age 31, please go to question 48 (Alcohol Consumption section) on page 27. Otherwise please continue with question 43.

Now, please think back to **your 30s and 40s**.

43. In your 30s and 40s, did you participate **regularly** in physical activity for a total of at least 30 minutes a week?

- yes → please describe your activities below
- no → please go to question 44
- don't know → please go to question 44

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
Heavy occupational work	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Heavy household or yard work (examples: using a non-power mower, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Walking	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Jogging (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Running (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Bicycling (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Swimming laps	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Tennis, squash, racquetball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Calisthenics, aerobics, vigorous dance, lifting weights	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Football, soccer, rugby, basketball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

In your 30s and 40s, did you do any other **additional recreational strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

- yes → *please describe your activities below*
- no → *please go to question 44*
- don't know → *please go to question 44*

Activity <i>please specify</i>		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

44. When you were **in your 30s and 40s**, what was your usual occupation? (We mean what you did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed).

Occupation: _____

- don't know

If you are younger than age 51, please go to question 47 (Sunlight Exposure section) on page 26. Otherwise please continue with question 45.

Now, please think back to **since you turned 50**.

45. **Since you turned 50**, did you participate **regularly** in physical activity **for a total of at least 30 minutes a week**?

- yes → *please describe your activities below*
- no → *please go to question 46*
- don't know → *please go to question 46*

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
Heavy occupational work	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Heavy household or yard work (examples: using a non-power mower, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Walking	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Jogging (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Running (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Bicycling (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Swimming laps	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Tennis, squash, racquetball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Calisthenics, aerobics, vigorous dance, lifting weights	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
Football, soccer, rugby, basketball	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

Since you turned 50, did you do any other **additional recreational strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

- yes → *please describe your activities below*
- no → *please go to question 46*
- don't know → *please go to question 46*

Activity <i>please specify</i>		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
_____	→	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

46. **Since you turned 50**, what was your usual occupation? (We mean what you did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed).

Occupation: _____

- don't know

Sunlight Exposure

47. If you are 40 years of age or older, please answer the following questions about your exposure to the sun during different periods of your life. Please include all sun exposure **at work and in your leisure time.**

Age	On a typical weekday in the summer, (May - September), about how many hours per day did you spend outside in the sun? Please select one	On a typical weekend (Saturday and Sunday) in the summer, (May - September), about how many hours per day did you spend outside in the sun? Please select one	When in the sun, did you wear sunscreen or protective clothing such as long sleeves, hats, etc.? Please select one	For each section below, please include all place(s) of residence where you have lived for at least one year.	
In your 40s and 50s (age: 40 to 59 years)	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> never <input type="radio"/> sometimes <input type="radio"/> always <input type="radio"/> don't know	City/ Country _____ _____ _____ _____	No. of years _____ _____ _____ _____
In your 60s and 70s (age: 60 to 79 years)	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know <input type="radio"/> haven't reached age 60 years	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know <input type="radio"/> haven't reached age 60 years	<input type="radio"/> never <input type="radio"/> sometimes <input type="radio"/> always <input type="radio"/> don't know	City/ Country _____ _____ _____ _____	No. of years _____ _____ _____ _____

Alcohol Consumption

We would like you to think back to when you were **in your 20s**.

48. **In your 20s**, did you **ever** consume **any** alcoholic beverages at least **once a week for 6 months** or longer? *Please describe your consumption below.*

		For how many years?	During those years, how much did you typically consume?
Beer, hard cider (at least 3% alcohol)	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 12 ounce cans or bottles <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Wine	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 4 ounce glasses of wine <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Sake, sherry, port	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce servings <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Spirits, liquor mixed drinks, brandy, liqueurs	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce shots liquor or spirits <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know

49. When you were in your 20s, how many years **in total** did you consume **at least one alcoholic beverage (beer, wine or hard liquor) a week?**

___ ___ years consumed

never (did not regularly consume at least one alcoholic beverage per week)

50. Approximately, how many alcoholic beverages a week did you consume during those years? That is how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

___ ___ number of alcoholic beverages a week

never (did not regularly consume at least one alcoholic beverage per week)

If you are younger than age 31, please go to question 57 (Smoking section) on page 30.

Otherwise, please continue with question 51.

We would like you to think back to **your 30s and 40s**.

51. **In your 30s and 40s, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? Please describe your consumption below.**

		For how many years?	During those years, how much did you typically consume?
Beer, hard cider (at least 3% alcohol)	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 12 ounce cans or bottles <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Wine	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 4 ounce glasses of wine <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Sake, sherry, port	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce servings <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Spirits, liquor mixed drinks, brandy, liqueurs	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce shots liquor or spirits <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know

52. When you were in your 30s and 40s, how many years **in total** did you consume **at least one alcoholic beverage (beer, wine or hard liquor) a week?**

___ ___ years consumed

never (did not regularly consume at least one alcoholic beverage per week)

53. Approximately, how many alcoholic beverages a week did you consume during those years? That is how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

___ ___ number of alcoholic beverages a week

never (did not regularly consume at least one alcoholic beverage per week)

If you are younger than age 51, please go to question 57 (Smoking section) on page 30. Otherwise, please continue with question 54.

Now, please think back to **since you turned 50**.

54. **Since you turned 50**, did you **ever** consume **any** alcoholic beverages at least **once a week for 6 months** or longer? *Please describe your consumption below.*

		For how many years?	During those years, how much did you typically consume?
Beer, hard cider (at least 3% alcohol)	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 12 ounce cans or bottles <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Wine	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 4 ounce glasses of wine <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Sake, sherry, port	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce servings <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know
Spirits, liquor mixed drinks, brandy, liqueurs	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	___ ___ years consumed	___ ___ number of 1 ounce shots liquor or spirits <input type="radio"/> per day <input type="radio"/> per week <input type="radio"/> don't know

55. When you were in your 50s, how many years **in total** did you consume **at least one alcoholic beverage (beer, wine or hard liquor) a week?**

___ ___ years consumed

never (did not regularly consume at least one alcoholic beverage per week)

56. Approximately, how many alcoholic beverages a week did you consume during those years? That is how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

___ ___ number of alcoholic beverages a week

never (did not regularly consume at least one alcoholic beverage per week)

Smoking

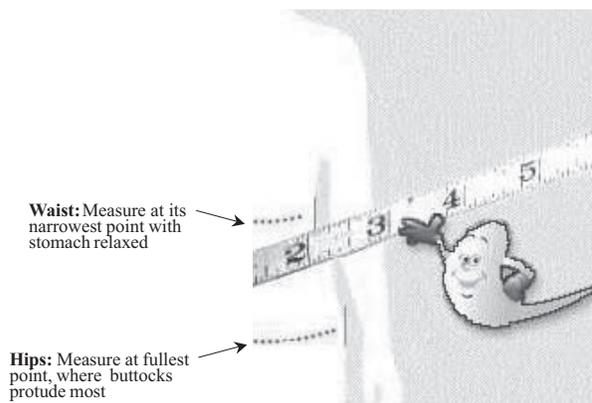
57. Have you ever smoked at least one **cigarette** a day for 3 months or longer?
- yes
 - no → *please go to question 58*
 - don't know → *please go to question 58*
- 57a. When did you **first** start smoking at least one cigarette a day?
- age at **first** use _____ *or*
year of **first** use _____
- don't know
- 57b. During periods when you smoked regularly, how many cigarettes did you typically smoke in a day?
- _____ cigarettes per day
- don't know
- 57c. **About two years** ago, were you still smoking at least one cigarette a day?
- yes
 - no
 - don't know
- 57d. Do you still smoke at least one cigarette a day?
- yes → *please go to question 57f*
 - no → *please go to question 57e*
 - don't know
- 57e. When did you stop smoking at least one cigarette a day (we mean stop smoking permanently)?
- age at **last** use _____ *or*
year of **last** use _____
- don't know
- 57f. How many years, in total, did you smoke at least one cigarette a day for 3 months or longer? (*If you have stopped and restarted at least once, count only the time when you were smoking*).
- _____ total number of years
- don't know
58. Have you ever smoked at least one **cigar** a month for at least 3 months?
- yes
 - no → *please go to question 59*
 - don't know → *please go to question 59*
- 58a. When did you **first** start smoking at least one cigar a month?
- age at **first** use _____ *or*
year of **first** use _____
- don't know
- 58b. During periods when you smoked regularly, how many cigars did you typically smoke in a month?
- _____ cigars per month
- don't know
- 58c. **About two years** ago, were you still smoking at least one cigar a month?
- yes
 - no
 - don't know
- 58d. Do you still smoke at least one cigar a month?
- yes → *please go to question 58f*
 - no → *please go to question 58e*
 - don't know
- 58e. When did you stop smoking at least one cigar a month (we mean stop smoking permanently)?
- age at **last** use _____ *or*
year of **last** use _____
- don't know
- 58f. How many years, in total, did you smoke at least one cigar a month for 3 months or longer? (*If you have stopped and restarted at least once, count only the time when you were smoking*).
- _____ total number of years
- don't know

59. Have you ever smoked at least one **pipe** a month for at least 3 months?
- yes
- no → *please go to question 60*
- don't know → *please go to question 60*
- 59a. When did you **first** start smoking at least one pipe a month?
- age at **first** use _____ *or*
- year of **first** use _____
- don't know
- 59b. During periods when you smoked regularly, how many pipes did you typically smoke in a month?
- _____ pipes per month
- don't know
- 59c. **About two years** ago, were you still smoking at least one pipe a month?
- yes
- no
- don't know
- 59d. Do you still smoke at least one pipe a month?
- yes → *please go to question 59f*
- no → *please go to question 59e*
- don't know
- 59e. When did you stop smoking at least one pipe a month (we mean stop smoking permanently)?
- age at **last** use _____ *or*
- year of **last** use _____
- don't know
- 59f. How many years, in total, did you smoke at least one pipe month for 3 months or longer? (*If you have stopped and restarted at least once, count only the time when you were smoking*).
- _____ total number of years
- don't know

Height and Weight

60. About how tall are you, without your shoes on?
- _____ feet _____ inches *or*
- _____ centimetres
- don't know

We would like to know your waist and hip measurements. Please take the tape measure provided with this questionnaire and wrap it snugly (but not too tight) around your waist and hips.



61. Please measure your waist at the smallest point just above the navel.
- _____ inches *or*
- _____ centimetres
62. Please measure your hips at the widest point.
- _____ inches *or*
- _____ centimetres
63. How much did you weigh **about two years ago**?
- _____ pounds *or*
- _____ kilograms
- don't know
64. How much did you weigh when you were **about 20 years old**?
- _____ pounds *or*
- _____ kilograms
- don't know

65. Not counting your wisdom teeth, by the age of 16, did you have any permanent teeth that never formed at all, that is permanent teeth were missing?
- yes, some permanent teeth did not form by age 16
 - number of permanent teeth that failed to form by age 16 _____
 - don't know
 - no, all my permanent teeth (except wisdom teeth) were formed by age of 16
 - don't know

Background Information

66. Country of birth sometimes affects disease risk. Please fill in country of birth for **yourself, your parents and your grandparents.**

In addition, scientists have found that some genetic traits are more common or less common among Jewish people of different ethnic backgrounds. Please answer the questions about Jewish descent for each person.

	Country of birth	Is this person of Jewish descent?	Ashkenazi (East European)	Sephardic	Other Jewish descent	don't know
You	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother's mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother's father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father's mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father's father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How many years have **you** lived in Canada?

all of my life

_____ number of years

don't know

68. Ethnicity and race sometimes affect disease risk. Scientists have found that some genetic traits are more common or less common among people of different backgrounds. We would like to know if this is true for genes associated with colorectal cancer.

Please fill in the background for **yourself, your parents and your grandparents.**

Please tick **all** that apply.

	You	Your mother	Your father	Your mother's mother	Your mother's father	Your father's mother	Your father's father
Black, from Africa	<input type="radio"/>						
Black, from the Caribbean (e.g. Trinidad, Jamaica, Haiti)	<input type="radio"/>						
Black, from North America	<input type="radio"/>						
Black, other	<input type="radio"/>						
White	<input type="radio"/>						
First Nations (e.g. Indian, Inuit)	<input type="radio"/>						
North African (e.g. Egyptian)	<input type="radio"/>						
Middle Eastern (e.g. Iranian)	<input type="radio"/>						
Hispanic/Latino	<input type="radio"/>						
Filipino	<input type="radio"/>						
Japanese	<input type="radio"/>						
Korean	<input type="radio"/>						
Chinese	<input type="radio"/>						
Other South East Asian (e.g. Vietnamese)	<input type="radio"/>						
South Asian (e.g. East Indian, Pakistani)	<input type="radio"/>						
Other <i>please specify</i>	_____	_____	_____	_____	_____	_____	_____
don't know	<input type="radio"/>						

69. 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
70. Which of the following categories best describes your total annual **household** income **about two years ago**?
- no income
 - less than \$6,000
 - \$6,000 - \$11,999
 - \$12,000 - \$19,999
 - \$20,000 - \$29,999
 - \$30,000 - \$39,999
 - \$40,000 - \$49,999
 - \$50,000 - \$59,999
 - \$60,000 - \$69,999
 - \$70,000 - \$79,999
 - \$80,000 or more
 - don't know

Additional Information

71. Previous to this study, have you and your relatives ever taken part in any family health studies?
- yes
 - no
 - don't know
72. In case we need to contact you in the future and you have moved, could we have the name of someone who is not living with you to whom we might write or call for your new address?

Name of relative or friend: _____

Nature of relationship: _____

His or her address: _____

His or her telephone number: home: (____) ____ - ____

business: (____) ____ - ____

mobile/cell: (____) ____ - ____

fax: (____) ____ - ____

email: _____

we will keep this information confidential

Please use this space for additional information.

**Thank you very much for taking the time to fill out this questionnaire.
Your participation is very much appreciated.**

Please mail this completed questionnaire in the return envelope provided.

