

Revision _____
Printed _____

ID#: | | | | | | | | | | 0 | 0 | 0 | 1 |
(PROBANDS ONLY)

Type of Interview:

Initial Enrollment — Phase 3

FAMILY HISTORY SUPPLEMENT QUESTIONNAIRE

FOR

COLORECTAL CANCER FAMILY REGISTRY

UNIVERSITY OF SOUTHERN CALIFORNIA CONSORTIUM

Interviewer: _____

Date of Interview:

____/____/____ Month Day Year	____/____/____ Month Day Year	____/____/____ Month Day Year
Start time: _____ am/pm	Start time: _____ am/pm	Start time: _____ am/pm
Stop time: _____ am/pm	Stop time: _____ am/pm	Stop time: _____ am/pm

Language:

ENGLISH
 SPANISH

Edited on: ____/____/____ Initials

Data entry 1: ____/____/____ Initials

Data entry 2: ____/____/____ Initials

SIBLINGS: Next I'd like to ask you about your siblings, including any who have died.

13. Do you have any full brothers or sisters? By *full* I mean brothers and sisters with whom you share the same mother and father. [EXCLUDE ADOPTED, STEP-, OR HALF-SIBLINGS.]

- YES \longrightarrow
 NO (GO TO CHILDREN)
 DK/REFUSED (GO TO CHILDREN)

13a. How many full brothers do you have? _____

13b. How many full sisters do you have? _____

13c. Are you a twin with any of your siblings? _____

IF YES, what type? Identical? (Monozygous)
 Fraternal? (Dizygous)
 DK/REFUSED Which sibling? _____

Starting with your oldest full brother or sister ...

S i b	14a. Is your first/next sibling male or female?	15. When was s/he born?	16. Is s/he a twin?	17. Is s/he still living?	18. When did s/he die?	19. Was s/he ever diagnosed with cancer?	20. What type(s) of cancer did s/he have?	21. How old was s/he when diagnosed with this cancer?
1	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DK/REFUSED 14b. What is his/her first name? _____	___/___/___ DATE OF BIRTH OR __ __ CURRENT AGE <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK/REFUSED IF YES, what type? <input type="checkbox"/> Identical? (Monozygous) <input type="checkbox"/> Fraternal? (Dizygous) <input type="checkbox"/> DK/REFUSED Which sibling? ___	<input type="checkbox"/> YES (GO TO 19) <input type="checkbox"/> NO \longrightarrow <input type="checkbox"/> DK/REFUSED (GO TO 19)	___/___/___ DATE OF DEATH OR __ __ AGE AT DEATH <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES \longrightarrow <input type="checkbox"/> NO (GO TO next sibling) <input type="checkbox"/> DK/REFUSED (GO TO next sibling)	_____ __ __ __ _____ __ __ __ _____ __ __ __	_____ OR AGE YR OF DIAGNOSIS _____ OR AGE YR OF DIAGNOSIS _____ OR AGE YR OF DIAGNOSIS
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CHILDREN: The next questions are about any children you may have had. For this questionnaire, we are interested in children who are related to you by blood, NOT adopted children, step-children or foster children.

22. How many sons and daughters do you have, including any who have died? _____ NONE (GO TO END)

23. Do your children all have the same two parents (you and your spouse/partner)?

YES

NO

DK/REFUSED

24. How many children did you have with your [1st, 2nd . . .] spouse or partner? _____

____ PARTNER 1

____ PARTNER 2

____ PARTNER 3

____ PARTNER 4

Child #	25a. Is your first/next child male or female?	26. When was s/he born?	27. Is s/he a twin?	28. Is s/he still living?	29. When did s/he die?	30. Was s/he ever diagnosed with cancer?	31. What type(s) of cancer did s/he have?	32. How old was s/he when diagnosed with this cancer?
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6 Partner # □	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DK/REFUSED 25b. What is his/her first name? _____	___/___/___ DATE OF BIRTH OR CURRENT AGE <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK/REFUSED IF YES, what type? <input type="checkbox"/> Identical? (Monozygous) <input type="checkbox"/> Fraternal? (Dizygous) <input type="checkbox"/> DK/REFUSED Which sibling?___	<input type="checkbox"/> YES (GO TO 30) <input type="checkbox"/> NO → <input type="checkbox"/> DK/REFUSED (GO TO 30)	___/___/___ DATE OF DEATH OR AGE AT DEATH <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES → <input type="checkbox"/> NO (GO TO next child) <input type="checkbox"/> DK/REFUSED (GO TO next child)	_____ _____ _____ _____	OR AGE YR OF DIAGNOSIS OR AGE YR OF DIAGNOSIS OR AGE YR OF DIAGNOSIS

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FAMILY HISTORY SUPPLEMENT QUESTIONNAIRE

SUPPLEMENTAL SHEET FOR SIBLINGS

S i b #	14a. Is your first/ next sibling male or female?	15. When was s/he born?	16. Is s/he a twin?	17. Is s/he still living?	18. When did s/he die?	19. Was s/he ever diagnosed with cancer?	20. What type(s) of cancer did s/he have?	21. How old was s/he when diagnosed with this cancer?
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FAMILY HISTORY SUPPLEMENT QUESTIONNAIRE

SUPPLEMENTAL SHEET FOR CHILDREN

Child #	25a. Is your first/next child male or female?	26. When was s/he born?	27. Is s/he a twin?	28. Is s/he still living?	29. When did s/he die?	30. Was s/he ever diagnosed with cancer?	31. What type(s) of cancer did s/he have?	32. How old was s/he when diagnosed with this cancer?
Partner # □	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DK/REFUSED 25b. What is his/her first name? _____	____/____/____ DATE OF BIRTH OR __ __ CURRENT AGE <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK/REFUSED IF YES, what type? <input type="checkbox"/> Identical? (Monozygous) <input type="checkbox"/> Fraternal? (Dizygous) <input type="checkbox"/> DK/REFUSED Which sibling? __	<input type="checkbox"/> YES (GO TO 30) <input type="checkbox"/> NO → <input type="checkbox"/> DK/REFUSED (GO TO 30)	____/____/____ DATE OF DEATH OR __ __ AGE AT DEATH <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES → <input type="checkbox"/> NO (GO TO next child) <input type="checkbox"/> DK/REFUSED (GO TO next child)	_____ _____ _____ _____	OR _____ AGE YR OF DIAGNOSIS OR _____ AGE YR OF DIAGNOSIS OR _____ AGE YR OF DIAGNOSIS
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DK/REFUSED 25b. What is his/her first name? _____	____/____/____ DATE OF BIRTH OR __ __ CURRENT AGE <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK/REFUSED IF YES, what type? <input type="checkbox"/> Identical? (Monozygous) <input type="checkbox"/> Fraternal? (Dizygous) <input type="checkbox"/> DK/REFUSED Which sibling? __	<input type="checkbox"/> YES (GO TO 30) <input type="checkbox"/> NO → <input type="checkbox"/> DK/REFUSED (GO TO 30)	____/____/____ DATE OF DEATH OR __ __ AGE AT DEATH <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES → <input type="checkbox"/> NO (GO TO next child) <input type="checkbox"/> DK/REFUSED (GO TO next child)	_____ _____ _____ _____	OR _____ AGE YR OF DIAGNOSIS OR _____ AGE YR OF DIAGNOSIS OR _____ AGE YR OF DIAGNOSIS
Partner # □	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DK/REFUSED 25b. What is his/her first name? _____	____/____/____ DATE OF BIRTH OR __ __ CURRENT AGE <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK/REFUSED IF YES, what type? <input type="checkbox"/> Identical? (Monozygous) <input type="checkbox"/> Fraternal? (Dizygous) <input type="checkbox"/> DK/REFUSED Which sibling? __	<input type="checkbox"/> YES (GO TO 30) <input type="checkbox"/> NO → <input type="checkbox"/> DK/REFUSED (GO TO 30)	____/____/____ DATE OF DEATH OR __ __ AGE AT DEATH <input type="checkbox"/> DK/REFUSED	<input type="checkbox"/> YES → <input type="checkbox"/> NO (GO TO next child) <input type="checkbox"/> DK/REFUSED (GO TO next child)	_____ _____ _____ _____	OR _____ AGE YR OF DIAGNOSIS OR _____ AGE YR OF DIAGNOSIS OR _____ AGE YR OF DIAGNOSIS