



pathways

a study of
breast cancer
survivorship

Baseline Questionnaire Part 1 Sections A-I

If you have any questions about this form please
call the Pathways Study Coordinating Center.
Toll-free number: 1-866-206-2979

INTERVIEWER ID:

DATE: / /
MONTH DAY YEAR

TIME BEGAN: : 1☐AM 0☐PM

TIME ENDED: : 1☐AM 0☐PM

QUESTIONNAIRE COMPLETED:

1☐YES

0☐NO

COMMENTS: _____

March 2012 Version

ENROLLMENT ID LABEL

STUDY ID BARCODE LABEL

FOR OFFICE USE:

CODER ID:

CODING DATE: _____

REVIEWER ID:

REVIEW DATE: _____

COMMENTS: _____

DATA ENTRY DATE: _____

COMMENTS: _____

INTRODUCTION TO INTERVIEW

(Please read to respondent prior to starting interview)

Since many people have never been in an interview exactly like this, let me start by explaining to you how it works. In this interview, I am going to read to you a set of questions exactly as they are worded so that every person in the study is answering the same questions. If at any time during the interview you are not clear about what is wanted, be sure to ask me. Also, it is very important that your answers be accurate and complete. Please take as much time as you need. If there are any questions that you are uncomfortable with, please feel free to tell me and we will skip them. Throughout this interview, we will be interested in things you did before and after your diagnosis. This is the date that you became eligible for this breast cancer survivorship study. I'll begin by asking you some questions about your background.

SECTION A. DEMOGRAPHICS

A1. What is your date of birth?

		/			/				
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MONTH

DAY

YEAR

8 ☐ DON'T KNOW9 ☐ REFUSED

A2. What is your current age?

AGE

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 YEARS888 ☐ DON'T KNOW999 ☐ REFUSED

A3. Were you born in the United States?

1 ☐ YES0 ☐ NO —————→8 ☐ DON'T KNOW9 ☐ REFUSEDA4. In what country were you born?
(SPECIFY): _____888 ☐ DON'T KNOW999 ☐ REFUSED

COUNTRY CODE

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A5. How old were you when you moved to the U.S.?

AGE

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 YEARS888 ☐ DON'T KNOW999 ☐ REFUSED

A6. Do you consider yourself to be of Latina or Hispanic origin?

1 ☐ YES —————→0 ☐ NO8 ☐ DON'T KNOW9 ☐ REFUSED

A7. Are you any of the following? (CHECK ALL THAT APPLY)

1 ☐ MEXICAN/MEXICAN AMERICAN1 ☐ PUERTO RICAN1 ☐ CUBAN1 ☐ CARIBBEAN OR WEST INDIAN1 ☐ DOMINICAN1 ☐ CENTRAL AMERICAN1 ☐ SOUTH AMERICAN1 ☐ OTHER (SPECIFY): _____8 ☐ DON'T KNOW9 ☐ REFUSED

OTHER HISPANIC CODE

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RESPONSE CARD A

A8. What is your race? (CHECK ALL THAT APPLY)

- 1 ☐ WHITE
1 ☐ BLACK/AFRICAN AMERICAN
1 ☐ ASIAN
1 ☐ AMERICAN INDIAN OR ALASKA NATIVE
1 ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER
1 ☐ SOME OTHER RACE (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD A1

OTHER RACE CODE

IF ASIAN IS SELECTED IN QUESTION #A8:

A9. What Asian group? (CHECK ALL THAT APPLY)

- 1 ☐ ASIAN INDIAN
1 ☐ CHINESE
1 ☐ FILIPINA
1 ☐ JAPANESE
1 ☐ KOREAN
1 ☐ VIETNAMESE
1 ☐ OTHER (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD B

OTHER RACE CODE

IF NATIVE HAWAIIAN/PACIFIC ISLANDER SELECTED IN QUESTION #A8:

A10. What Hawaiian or Pacific Islander group? (CHECK ALL THAT APPLY)

- 1 ☐ GUAMANIAN OR CHAMORRO
1 ☐ SAMOAN
1 ☐ OTHER (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD B

OTHER RACE CODE

IF AMERICAN INDIAN OR ALASKA NATIVE SELECTED IN QUESTION #A8:

A11. What is the name of your enrolled or principal tribe?

(SPECIFY): _____

- 88 ☐ DON'T KNOW
99 ☐ REFUSED

TRIBE CODE

A12. IF PARTICIPANT DOES NOT CHOOSE A CATEGORY, PLEASE MARK YOUR ASSESSMENT:
(CHECK ALL THAT APPLY):

1 ☐ WHITE

1 ☐ BLACK/AFRICAN AMERICAN

1 ☐ ASIAN

1 ☐ AMERICAN INDIAN OR ALASKA NATIVE

1 ☐ NATIVE HAWAIIAN/PACIFIC ISLANDER

8 ☐ SOME OTHER RACE (SPECIFY): _____

9 ☐ DON'T KNOW

OTHER RACE CODE

A13. What was the highest level of school that you completed?

1 ☐ LESS THAN 8TH GRADE

2 ☐ 8TH TO 11TH GRADE

3 ☐ HIGH SCHOOL GRADUATE
OR EQUIVALENT (GED)

4 ☐ VOCATIONAL OR
TRADE SCHOOL

5 ☐ SOME COLLEGE

6 ☐ COLLEGE GRADUATE

7 ☐ POST-GRADUATE

8 ☐ DON'T KNOW

9 ☐ REFUSED

RESPONSE CARD C

A14. What type of vocational or trade school was it?

(SPECIFY): _____

88 ☐ DON'T KNOW

99 ☐ REFUSED

CODE

A15. How long did you go to vocational or trade school?

a. TIME

B. 1 ☐ MONTHS

2 ☐ YEARS

88 ☐ DON'T KNOW

99 ☐ REFUSED

A16. Did you obtain a credential or certificate of completion?

a. 1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

B. What type? (SPECIFY):

88 ☐ DON'T KNOW

99 ☐ REFUSED

CODE

A17. Did you attend school in the United States?

- 1 ☐ YES —————→
- 2 ☐ YES, ALSO IN ANOTHER COUNTRY (**ANSWER A18 – A20**)
- 0 ☐ NO —————→
- 8 ☐ DON'T KNOW
- 9 ☐ REFUSED

A19. In what country did you attend school?

COUNTRY CODE

888 ☐ DON'T KNOW

999 ☐ REFUSED

A20. How many years of schooling did you receive in this country?

YEARS

88 ☐ DON'T KNOW

99 ☐ REFUSED

A18. How many years of schooling did you receive in the United States?

YEARS

88 ☐ DON'T KNOW

99 ☐ REFUSED

A21. Do you identify yourself with any religion?

RESPONSE CARD D

- 1 ☐ YES —————→
- 0 ☐ NO
- 8 ☐ DON'T KNOW
- 9 ☐ REFUSED

A22a. What religion?

1 ☐ BUDDHIST

2 ☐ CHRISTIAN

3 ☐ HINDU

4 ☐ JEWISH

5 ☐ MUSLIM

6 ☐ OTHER (SPECIFY): _____

8 ☐ DON'T KNOW

9 ☐ REFUSED

B. RELIGION CODE

The next set of questions is about your biological relatives, such as your parents and grandparents.

A23. Were you adopted?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

A24. Can you answer questions about your birth mother and/or biological father?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

A25. Can you answer questions about any biological brothers or sisters?

1 ☐ YES

**GO TO QUESTION #A46 ON PAGE 11
THEN SECTION B PART 2 ONLY**

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

**GO TO QUESTION #A46 ON PAGE 11
THEN SECTION C**

A26. Was your mother born in the United States?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

A27. In what country was your mother born?

(SPECIFY): _____

888 ☐ DON'T KNOW

999 ☐ REFUSED

COUNTRY CODE

A28. Is your mother of Latina or Hispanic origin?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

A29. Is she any of the following? (CHECK ALL THAT APPLY)

1 ☐ MEXICAN/MEXICAN AMERICAN

1 ☐ PUERTO RICAN

1 ☐ CUBAN

1 ☐ CARIBBEAN OR WEST INDIAN

1 ☐ DOMINICAN

1 ☐ CENTRAL AMERICAN

1 ☐ SOUTH AMERICAN

1 ☐ OTHER (SPECIFY): _____

8 ☐ DON'T KNOW

9 ☐ REFUSED

RESPONSE CARD A

OTHER HISPANIC CODE

A30. What is your mother's race? (CHECK ALL THAT APPLY)

- 1 ☐ WHITE
1 ☐ BLACK/AFRICAN AMERICAN
1 ☐ ASIAN
1 ☐ AMERICAN INDIAN OR ALASKA NATIVE
1 ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER
1 ☐ SOME OTHER RACE (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD A1

OTHER RACE CODE

IF ASIAN IS SELECTED IN QUESTION #A30:

A31. What Asian group? (CHECK ALL THAT APPLY)

- 1 ☐ ASIAN INDIAN
1 ☐ CHINESE
1 ☐ FILIPINA
1 ☐ JAPANESE
1 ☐ KOREAN
1 ☐ VIETNAMESE
1 ☐ OTHER (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD B

OTHER RACE CODE

IF NATIVE HAWAIIAN/PACIFIC ISLANDER SELECTED IN QUESTION #A30:

A32. What Hawaiian or Pacific Islander group? (CHECK ALL THAT APPLY)

- 1 ☐ GUAMANIAN OR CHAMORRO
1 ☐ SAMOAN
1 ☐ OTHER (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD B

OTHER RACE CODE

IF AMERICAN INDIAN OR ALASKA NATIVE SELECTED IN QUESTION #A30:

A33. What is the name of your mother's enrolled or principal tribe?

(SPECIFY): _____

- 88 ☐ DON'T KNOW
99 ☐ REFUSED

TRIBE CODE

A34. In what country was your mother's mother (maternal grandmother) born?

NAME OF COUNTRY (SPECIFY): _____

888 ☐ DON'T KNOW

999 ☐ REFUSED

COUNTRY CODE

A35. In what country was your mother's father (maternal grandfather) born?

NAME OF COUNTRY (SPECIFY): _____

888 ☐ DON'T KNOW

999 ☐ REFUSED

COUNTRY CODE

The next questions ask for the same information about your biological father.

A36. Was your father born in the United States?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

A37. In what country was your father born?

(SPECIFY): _____

888 ☐ DON'T KNOW

999 ☐ REFUSED

COUNTRY CODE

A38. Is your father of Latino or Hispanic origin?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

A39. Is he any of the following? (CHECK ALL THAT APPLY)

1 ☐ MEXICAN/MEXICAN AMERICAN

1 ☐ PUERTO RICAN

1 ☐ CUBAN

1 ☐ CARIBBEAN OR WEST INDIAN

1 ☐ DOMINICAN

1 ☐ CENTRAL AMERICAN

1 ☐ SOUTH AMERICAN

1 ☐ OTHER (SPECIFY): _____

8 ☐ DON'T KNOW

9 ☐ REFUSED

RESPONSE CARD A

OTHER HISPANIC CODE

A40. What is your father's race? (CHECK ALL THAT APPLY)

- 1 ☐ WHITE
1 ☐ BLACK/AFRICAN AMERICAN
1 ☐ ASIAN
1 ☐ AMERICAN INDIAN OR ALASKA NATIVE
1 ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER
1 ☐ SOME OTHER RACE (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD A1

OTHER RACE CODE

IF ASIAN IS SELECTED IN QUESTION #A40:

A41. What Asian group? (CHECK ALL THAT APPLY)

- 1 ☐ ASIAN INDIAN
1 ☐ CHINESE
1 ☐ FILIPINO
1 ☐ JAPANESE
1 ☐ KOREAN
1 ☐ VIETNAMESE
1 ☐ OTHER (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD B

OTHER RACE CODE

IF NATIVE HAWAIIAN/PACIFIC ISLANDER SELECTED IN QUESTION #A40:

A42. What Hawaiian or Pacific Islander group? (CHECK ALL THAT APPLY)

- 1 ☐ GUAMANIAN OR CHAMORRO
1 ☐ SAMOAN
1 ☐ OTHER (SPECIFY): _____
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD B

OTHER RACE CODE

IF AMERICAN INDIAN OR ALASKA NATIVE SELECTED IN QUESTION #A40:

A43. What is the name of your father's enrolled or principal tribe?

- (SPECIFY): _____
88 ☐ DON'T KNOW
99 ☐ REFUSED

TRIBE CODE

A44. In what country was your father's mother (paternal grandmother) born?

NAME OF COUNTRY (SPECIFY): _____

888 ☐ DON'T KNOW

999 ☐ REFUSED

COUNTRY CODE

A45. In what country was your father's father (paternal grandfather) born?

NAME OF COUNTRY (SPECIFY): _____

888 ☐ DON'T KNOW

999 ☐ REFUSED

COUNTRY CODE

A46. What is your current marital status?

1 ☐ MARRIED

5 ☐ DIVORCED

2 ☐ LIVING AS MARRIED

6 ☐ SINGLE, NEVER MARRIED OR NEVER LIVED AS MARRIED

3 ☐ WIDOWED

8 ☐ DON'T KNOW

4 ☐ SEPARATED

9 ☐ REFUSED

A47. Have you had any surgeries for your breast cancer?

1 ☐ YES →

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

A48. Please list the date(s) of the surgery/surgeries.

a. / /
MONTH DAY YEAR

8 ☐ DON'T KNOW

9 ☐ REFUSED

b. / /
MONTH DAY YEAR

0 ☐ N/A

8 ☐ DON'T KNOW

9 ☐ REFUSED

A49. Have you begun or are you scheduled to begin chemotherapy, radiation, and/or hormonal treatment?

1 ☐ YES →

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

A50. What date(s) did you begin or are you scheduled for?

Chemotherapy:

a. / /
MONTH DAY YEAR

0 ☐ N/A

8 ☐ DON'T KNOW

9 ☐ REFUSED

Radiation:

b. / /
MONTH DAY YEAR

0 ☐ N/A

8 ☐ DON'T KNOW

9 ☐ REFUSED

Hormone Therapy:

c. / /
MONTH DAY YEAR

0 ☐ N/A

8 ☐ DON'T KNOW

9 ☐ REFUSED

SECTION B. FAMILY HEALTH HISTORY

In this section, please answer questions about the health history of your biological relatives, including your parents and siblings. Please include both living and deceased members of your family, but only full-blood relatives. IF ADOPTED AND DOES NOT HAVE KNOWLEDGE OF BIOLOGICAL FAMILY, GO TO SECTION C.

PART 1: FAMILY HEALTH HISTORY OF BIRTH MOTHER AND BIOLOGICAL FATHER

B1. Is your mother still living?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

B2. How old is she?

AGE YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

B3. How old was she when she died? AGE YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

B4. Has/was your mother ever (been) diagnosed with cancer?	What type(s) of cancer did she have?	How old was she when this cancer was first diagnosed?
a. 1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	b. TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED c. TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED d. TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	e. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED f. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED g. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED

B5. Is your father still living?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

B6. How old is he?

AGE YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

B7. How old was he when he died?

AGE YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

B8. Has/was your father ever (been) diagnosed with cancer?	What type(s) of cancer did he have?	How old was he when this cancer was first diagnosed?
a. 1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	b. TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	e. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
	c. TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	f. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
	d. TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	g. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED

PART 2: HEALTH HISTORY OF BROTHERS AND SISTERS

The next questions are about your brothers and sisters, that is, those with whom you share both birth mother and father. Please include those who are living or deceased, but not adopted, foster, half or step siblings.

B9. How many full brothers do you have?

NUMBER OF BROTHERS

88 ☐ DON'T KNOW

99 ☐ REFUSED

B10. How many full sisters do you have?

NUMBER OF SISTERS

88 ☐ DON'T KNOW

99 ☐ REFUSED

**IF BOTH NUMBER OF BROTHERS AND NUMBER OF SISTERS IS EQUAL
TO ZERO [00] GO TO SECTION C ON PAGE 17**

Please tell me the name/s of your sibling/s (from oldest to youngest) to answer the next questions about their health history.

a. What is the first name of your sibling?	c. Male or female?	d. Is he/she still living?	e. How old is he/she? (best estimate) How old was he/she when he/she died?
B11. _____ SIBLING NAME b. 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B12. _____ SIBLING NAME b. 0 ☐ NO OTHER SIBLING 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B13. _____ SIBLING NAME b. 0 ☐ NO OTHER SIBLING 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B14. _____ SIBLING NAME b. 0 ☐ NO OTHER SIBLING 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B15. _____ SIBLING NAME b. 0 ☐ NO OTHER SIBLING 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B16. _____ SIBLING NAME b. 0 ☐ NO OTHER SIBLING 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED

IF MORE THAN 6 SIBLINGS CHECK HERE _____ AND ADD ADDITIONAL PAGES

B17. Have any of your siblings ever been diagnosed with cancer?

1 ☐ YES0 ☐ NO8 ☐ DON'T KNOW9 ☐ REFUSED

GO TO SECTION C
ON NEXT PAGE

Which sibling(s) had cancer?		What type(s) of cancer did he/she have?	How old was he/she when this cancer was first diagnosed?
B18.	a. _____ SIBLING NAME b. 8 ☐ DON'T KNOW 9 ☐ REFUSED	c. _____ TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED d. _____ TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	e. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED f. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B19.	a. _____ SIBLING NAME b. 8 ☐ DON'T KNOW 9 ☐ REFUSED	c. _____ TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED d. _____ TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	e. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED f. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
B20.	a. _____ SIBLING NAME b. 8 ☐ DON'T KNOW 9 ☐ REFUSED	c. _____ TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED d. _____ TYPE OF CANCER CODE 888 ☐ DON'T KNOW 999 ☐ REFUSED	e. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED f. AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED

IF MORE THAN 3 SIBLINGS WITH CANCER CHECK HERE ____ AND ADD ADDITIONAL PAGES

GO TO SECTION C

SECTION C. PRENATAL EXPOSURES

The next questions ask information about your mother's pregnancy with you. IF ADOPTED AND DOES NOT HAVE KNOWLEDGE OF PRENATAL EXPOSURES, GO TO SECTION D.

Skip C1 if participant is an only child.

C1. Were you a twin or multiple birth?

- 1 ☐ YES, TWIN
 2 ☐ YES, MULTIPLE
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

C2. Was your twin or any of your multiple siblings female?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

C3. Do you have an identical sibling?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

C4. When you were born, were you a full-term pregnancy or premature by 4 or more weeks?

- 1 ☐ FULL-TERM (PREGNANCY LASTED 9 OR MORE MONTHS, OR 37 WEEKS OR MORE)
 2 ☐ 4 OR MORE WEEKS PREMATURE
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

C5. Do you know how much you weighed when you were born?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

C6. What was your weight?

- a. POUNDS AND b. OUNCES
 OR
 c. GRAMS

C7. Did you weigh less than 5 1/2 pounds (~2500 grams)?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

GO TO QUESTION #C9

C8. Did you weigh 9 pounds (~4100 grams) or more?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

C9. Did your mother breastfeed you (as far as you know)?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

C10. About how long were you breastfed?

- 88 ☐ DON'T KNOW
99 ☐ REFUSED

- C11. 1 ☐ WEEKS
2 ☐ MONTHS
3 ☐ YEARS

C12. Did your mother smoke when she was pregnant with you (as far as you know)?

- 1 ☐ YES
2 ☐ PROBABLY/POSSIBLY
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

GO TO SECTION D

SECTION D. PREGNANCY HISTORY

The following questions ask about your pregnancy history.

PART 1: PREGNANCY OUTCOMES

D1. Are you currently pregnant?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

D2. How many months?

MONTHS

88 ☐ DON'T KNOW

99 ☐ REFUSED

AND/OR

D3. How many weeks?

WEEKS

88 ☐ DON'T KNOW

99 ☐ REFUSED

D4. During your lifetime, how many times have you been pregnant? Please include live births, miscarriages, abortions, and tubal or ectopic pregnancies. (ONLY READ IF CURRENTLY PREGNANT): If you are currently pregnant, be sure to count this pregnancy.

PREGNANCIES

88 ☐ DON'T KNOW

99 ☐ REFUSED

**IF ZERO (00) PREGNANCIES
GO TO QUESTION #D17 ON PAGE 24**

D5. How many biological children have you had?

NUMBER OF CHILDREN

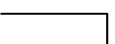
88 ☐ DON'T KNOW

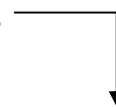
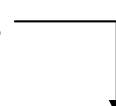
99 ☐ REFUSED

**IF CURRENT PREGNANCY IS THE PARTICIPANT'S FIRST
AND ONLY PREGNANCY GO TO SECTION D PART 2 ON PAGE 23**

The next questions ask about each of your [NUMBER FROM #D4] pregnancies. Please describe the outcome of each pregnancy, beginning with the first, and then answer the next questions.

RESPONSE CARD D1

	What was the outcome of the pregnancy?	How many months and/or weeks did this pregnancy last?	In what month and year did this pregnancy end?	(IF LIVE BIRTH) Did you breastfeed this baby?
D6.	a. OUTCOME 1 ☐ SINGLE LIVE BIRTH 2 ☐ MULTIPLE BIRTH, ANY LIVING 3 ☐ MULTIPLE BIRTH, NONE LIVING 4 ☐ SPONTANEOUS MISCARRIAGE 5 ☐ INDUCED ABORTION 6 ☐ TUBAL OR ECTOPIC PREGNANCY 7 ☐ OTHER (SPECIFY): _____ 8 ☐ DON'T KNOW 9 ☐ REFUSED CODE	b. MONTHS 88 ☐ DON'T KNOW 99 ☐ REFUSED AND/OR c. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED OR, IF PREMATURE d. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED	e. MONTH 88 ☐ DON'T KNOW 99 ☐ REFUSED AND f. YEAR 8888 ☐ DON'T KNOW 9999 ☐ REFUSED	g.1 ☐ YES  h. How long? i. 1 ☐ WEEKS 2 ☐ MONTHS 8 ☐ DON'T KNOW 9 ☐ REFUSED 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED
D7.	a. OUTCOME 1 ☐ SINGLE LIVE BIRTH 2 ☐ MULTIPLE BIRTH, ANY LIVING 3 ☐ MULTIPLE BIRTH, NONE LIVING 4 ☐ SPONTANEOUS MISCARRIAGE 5 ☐ INDUCED ABORTION 6 ☐ TUBAL OR ECTOPIC PREGNANCY 7 ☐ OTHER (SPECIFY): _____ 8 ☐ DON'T KNOW 9 ☐ REFUSED CODE	b. MONTHS 88 ☐ DON'T KNOW 99 ☐ REFUSED AND/OR c. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED OR, IF PREMATURE d. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED	e. MONTH 88 ☐ DON'T KNOW 99 ☐ REFUSED AND f. YEAR 8888 ☐ DON'T KNOW 9999 ☐ REFUSED	g.1 ☐ YES  h. How long? i. 1 ☐ WEEKS 2 ☐ MONTHS 8 ☐ DON'T KNOW 9 ☐ REFUSED 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED

	What was the outcome of the pregnancy?	How many weeks or months did this pregnancy last?	In what month and year did this pregnancy end?	(IF LIVE BIRTH) Did you breastfeed this baby?
D8.	a. OUTCOME 1 ☐ SINGLE LIVE BIRTH 2 ☐ MULTIPLE BIRTH, ANY LIVING 3 ☐ MULTIPLE BIRTH, NONE LIVING 4 ☐ SPONTANEOUS MISCARRIAGE 5 ☐ INDUCED ABORTION 6 ☐ TUBAL OR ECTOPIC PREGNANCY 7 ☐ OTHER (SPECIFY): _____ 8 ☐ DON'T KNOW 9 ☐ REFUSED CODE	b. MONTHS 88 ☐ DON'T KNOW 99 ☐ REFUSED AND/OR c. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED OR, IF PREMATURE d. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED	e. MONTH 88 ☐ DON'T KNOW 99 ☐ REFUSED AND f. YEAR 8888 ☐ DON'T KNOW 9999 ☐ REFUSED	g.1 ☐ YES  h. How long? i. 1 ☐ WEEKS 2 ☐ MONTHS 8 ☐ DON'T KNOW 9 ☐ REFUSED 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED
D9.	a. OUTCOME 1 ☐ SINGLE LIVE BIRTH 2 ☐ MULTIPLE BIRTH, ANY LIVING 3 ☐ MULTIPLE BIRTH, NONE LIVING 4 ☐ SPONTANEOUS MISCARRIAGE 5 ☐ INDUCED ABORTION 6 ☐ TUBAL OR ECTOPIC PREGNANCY 7 ☐ OTHER (SPECIFY): _____ 8 ☐ DON'T KNOW 9 ☐ REFUSED CODE	b. MONTHS 88 ☐ DON'T KNOW 99 ☐ REFUSED AND/OR c. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED OR, IF PREMATURE d. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED	e. MONTH 88 ☐ DON'T KNOW 99 ☐ REFUSED AND f. YEAR 8888 ☐ DON'T KNOW 9999 ☐ REFUSED	g.1 ☐ YES  h. How long? i. 1 ☐ WEEKS 2 ☐ MONTHS 8 ☐ DON'T KNOW 9 ☐ REFUSED 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED

	What was the outcome of the pregnancy?	How many weeks and/or months did this pregnancy last?	In what month and year did this pregnancy end?	(IF LIVE BIRTH) Did you breastfeed this baby?
D10.	a. OUTCOME 1 ☐ SINGLE LIVE BIRTH 2 ☐ MULTIPLE BIRTH, ANY LIVING 3 ☐ MULTIPLE BIRTH, NONE LIVING 4 ☐ SPONTANEOUS MISCARRIAGE 5 ☐ INDUCED ABORTION 6 ☐ TUBAL OR ECTOPIC PREGNANCY 7 ☐ OTHER (SPECIFY): _____ 8 ☐ DON'T KNOW 9 ☐ REFUSED CODE	b. MONTHS 88 ☐ DON'T KNOW 99 ☐ REFUSED AND/OR c. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED OR, IF PREMATURE d. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED	e. MONTH 88 ☐ DON'T KNOW 99 ☐ REFUSED AND f. YEAR 8888 ☐ DON'T KNOW 9999 ☐ REFUSED	g.1 ☐ YES  h. How long? i. 1 ☐ WEEKS 2 ☐ MONTHS 8 ☐ DON'T KNOW 9 ☐ REFUSED 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED
D11.	a. OUTCOME 1 ☐ SINGLE LIVE BIRTH 2 ☐ MULTIPLE BIRTH, ANY LIVING 3 ☐ MULTIPLE BIRTH, NONE LIVING 4 ☐ SPONTANEOUS MISCARRIAGE 5 ☐ INDUCED ABORTION 6 ☐ TUBAL OR ECTOPIC PREGNANCY 7 ☐ OTHER (SPECIFY): _____ 8 ☐ DON'T KNOW 9 ☐ REFUSED CODE	b. MONTHS 88 ☐ DON'T KNOW 99 ☐ REFUSED AND/OR c. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED OR, IF PREMATURE d. WEEKS 88 ☐ DON'T KNOW 99 ☐ REFUSED	e. MONTH 88 ☐ DON'T KNOW 99 ☐ REFUSED AND f. YEAR 8888 ☐ DON'T KNOW 9999 ☐ REFUSED	g.1 ☐ YES  h. How long? i. 1 ☐ WEEKS 2 ☐ MONTHS 8 ☐ DON'T KNOW 9 ☐ REFUSED 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED

IF MORE THAN 6 PREGNANCIES CHECK HERE ____ AND ADD ADDITIONAL PAGES

IF ANY PREGNANCY OUTCOME WAS BIRTH

D12. Did you ever receive lactation suppression medication during labor or postpartum?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

PART 2: PREGNANCY CONDITIONS

The next questions ask about conditions your health care provider might have told you that you had during pregnancy.

D13. During pregnancy did you have hypertension or high blood pressure?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

D14. During pregnancy did you have toxemia or preeclampsia? This is when you have high blood pressure, swelling, and protein in your urine.

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

D15. Did you have gestational diabetes or high blood sugar?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

D16. Did you have any other pregnancy-related complications or significant illnesses?

1 ☐ YES (SPECIFY): _____

0 ☐ NO

8 ☐ REFUSED

9 ☐ DON'T KNOW

PREGNANCY CODE

D17. Have you ever tried to become pregnant for more than one year without becoming pregnant?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

D18. Did you visit a doctor or clinic because you could not get pregnant?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

D19. Was a reason found for why you could not get pregnant?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

D20. Was the reason you could not become pregnant related to any of the following? (CHECK ALL THAT APPLY)

- 1 ☐ HORMONES OR OVULATION (PRODUCING EGGS)
1 ☐ FALLOPIAN TUBES OR UTERUS
1 ☐ ENDOMETRIOSIS
1 ☐ YOUR PARTNER
1 ☐ OTHER (SPECIFY):

RESPONSE CARD E

- 8 ☐ DON'T KNOW
9 ☐ REFUSED

CODE

--	--	--

GO TO SECTION E

SECTION E. DEVELOPMENTAL HISTORY

E1. Approximately how old were you when you had your first menstrual period?

AGE YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

The next questions are about your height and weight at different ages.

E2. When you were (INSERT AGE CATEGORY), how did your height compare with other girls your age? Were you the shortest, much shorter, somewhat shorter, about the same, somewhat taller, much taller, or the tallest? (CIRCLE APPROPRIATE NUMBER)

RESPONSE CARD F

AGE CATEGORY	SHORTEST	MUCH SHORTER	SOMEWHAT SHORTER	ABOUT THE SAME	SOMEWHAT TALLER	MUCH TALLER	TALLEST	REF /DK
a. 7 or 8 years old (2 nd or 3 rd grade)	1	2	3	4	5	6	7	8
b. Age at first menstrual period	1	2	3	4	5	6	7	8
c. 15 or 16 years old (10 th or 11 th grade)	1	2	3	4	5	6	7	8

E3. When you were (INSERT AGE CATEGORY), how did your weight compare with other girls your age? Were you the thinnest, much thinner, somewhat thinner, about the same, somewhat heavier, much heavier, or the heaviest? (CIRCLE APPROPRIATE NUMBER)

RESPONSE CARD G

AGE CATEGORY	THINNEST	MUCH THINNER	SOMEWHAT THINNER	ABOUT THE SAME	SOMEWHAT HEAVIER	MUCH HEAVIER	HEAVIEST	REF /DK
a. 7 or 8 years old (2 nd or 3 rd grade)	1	2	3	4	5	6	7	8
b. Age at first menstrual period	1	2	3	4	5	6	7	8
c. 15 or 16 years old (10 th or 11 th grade)	1	2	3	4	5	6	7	8

E4. At age 20 years, how tall were you without shoes? [INCHES ARE IN 0.00, 0.25, 0.50, 0.75 INCREMENTS]

a. FEET AND b. INCHES OR c. CENTIMETERS

8 ☐ DON'T KNOW

888 ☐ DON'T KNOW

9 ☐ REFUSED

999 ☐ REFUSED

E5. How tall are you now? [INCHES ARE IN 0.00, 0.25, 0.50, 0.75 INCREMENTS]

a. FEET AND b. INCHES OR c. CENTIMETERS

8 ☐ DON'T KNOW

888 ☐ DON'T KNOW

9 ☐ REFUSED

999 ☐ REFUSED

How much did you weigh when you were the following ages? (ONLY READ IF THEY HAVE EVER BEEN PREGNANT): If you were pregnant or nursing at this age, how much did you weigh the year before the pregnancy?

	a. AGE	b. WEIGHT	c. UNIT
E6.	1 ☐ 20 years old	WEIGHT 888 ☐ DON'T KNOW 999 ☐ REFUSED	1 ☐ POUNDS 2 ☐ KILOGRAMS
E7.	1 ☐ 30 years old 0 ☐ NOT THAT AGE YET	WEIGHT 888 ☐ DON'T KNOW 999 ☐ REFUSED	1 ☐ POUNDS 2 ☐ KILOGRAMS
E8.	1 ☐ 40 years old 0 ☐ NOT THAT AGE YET	WEIGHT 888 ☐ DON'T KNOW 999 ☐ REFUSED	1 ☐ POUNDS 2 ☐ KILOGRAMS
E9.	1 ☐ 50 years old 0 ☐ NOT THAT AGE YET	WEIGHT 888 ☐ DON'T KNOW 999 ☐ REFUSED	1 ☐ POUNDS 2 ☐ KILOGRAMS
E10.	1 ☐ 60 years old 0 ☐ NOT THAT AGE YET	WEIGHT 888 ☐ DON'T KNOW 999 ☐ REFUSED	1 ☐ POUNDS 2 ☐ KILOGRAMS
E11.	1 ☐ 70 years old 0 ☐ NOT THAT AGE YET	WEIGHT 888 ☐ DON'T KNOW 999 ☐ REFUSED	1 ☐ POUNDS 2 ☐ KILOGRAMS

E12. How much do you weigh now?

(ONLY READ IF CURRENTLY PREGNANT OR NURSING): If you are currently pregnant or nursing, how much did you weigh before the pregnancy?

a. WEIGHT b. 1 ☐ POUNDS
2 ☐ KILOGRAMS

888 ☐ DON'T KNOW

999 ☐ REFUSED

GO TO SECTION F

SECTION F: CHILD HEALTH HISTORY

**IF NUMBER OF PREGNANCIES (QUESTION #D4) OR BIOLOGICAL CHILDREN (QUESTION #D5)
IS EQUAL TO ZERO [00] GO TO SECTION G ON PAGE 30**

F1. In a previous section (QUESTION #D5), you said that you have had NUMBER biological child/children.

Are you able to answer health history questions about [any of these children / this child]?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

**GO TO SECTION G
ON PAGE 30**

Now, please list each child's name from the oldest to the youngest. Please include only your biological children, whether they are living or deceased, but please do not include adopted, foster, or step-children.

a. What is the child's name?	c. Male or female?	d. Is he/she still living?	e. How old is he/she OR How old was he/she when he/she died?
F2. 1st CHILD NAME b. 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
F3. 2nd CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
F4. 3rd CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED

a. What is the child's name?		c. Male or female?	d. Is he/she still living?	e. How old is he/she OR How old was he/she when he/she died?
F5.	_____ 4th CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
F6.	_____ 5th CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
F7.	_____ 6th CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
F8.	_____ 7th CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED
F9.	_____ 8th CHILD NAME b. 0 ☐ NO OTHER CHILDREN 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ MALE 0 ☐ FEMALE 8 ☐ DON'T KNOW 9 ☐ REFUSED	1 ☐ YES 0 ☐ NO 8 ☐ DON'T KNOW 9 ☐ REFUSED	AGE YEARS 888 ☐ DON'T KNOW 999 ☐ REFUSED

IF MORE THAN 8 CHILDREN CHECK HERE ____ AND ADD ADDITIONAL PAGES

F10. Have any of your children ever been diagnosed with cancer? / Has your child ever been diagnosed with cancer?

1 ☐ YES0 ☐ NO8 ☐ DON'T KNOW9 ☐ REFUSED

**GO TO SECTION G ON
NEXT PAGE**

Which child/children had cancer? (SPECIFY CHILD)		What type(s) of cancer did he/she have?		How old was he/she when this cancer was first diagnosed?
F11.	a.			
	CHILD'S NAME	c.		e. AGE
		TYPE OF CANCER	CODE	YEARS
	b.	888 ☐ DON'T KNOW		888 ☐ DON'T KNOW
	8 ☐ DON'T KNOW	999 ☐ REFUSED		999 ☐ REFUSED
	9 ☐ REFUSED			
F12.	a.			
	CHILD'S NAME	c.		e. AGE
		TYPE OF CANCER	CODE	YEARS
	b.	888 ☐ DON'T KNOW		888 ☐ DON'T KNOW
	0 ☐ NO OTHER CASE	999 ☐ REFUSED		999 ☐ REFUSED
	8 ☐ DON'T KNOW			
	9 ☐ REFUSED			
F13.	a.			
	CHILD'S NAME	c.		e. AGE
		TYPE OF CANCER	CODE	YEARS
	b.	888 ☐ DON'T KNOW		888 ☐ DON'T KNOW
	0 ☐ NO OTHER CASE	999 ☐ REFUSED		999 ☐ REFUSED
	8 ☐ DON'T KNOW			
	9 ☐ REFUSED			

IF MORE THAN 3 CHILDREN WITH CANCER CHECK HERE _____ AND ADD ADDITIONAL PAGES.

GO TO SECTION G

SECTION G. MENSTRUAL HISTORY

The next section asks questions about your current menstruation status and past menstrual history.

Have you had any of the following surgical procedures:

G1. Hysterectomy (an operation to remove your uterus)?

- 1 ☐ YES →
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

G2. Can you tell me approximately what year this was performed?

YEAR

8888 ☐ DON'T KNOW

9999 ☐ REFUSED

G3. One or both of your ovaries removed?

- 1 ☐ YES, ONE →
 2 ☐ YES, BOTH →
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

G4. Can you tell me approximately what year this was performed?
 (If ovaries were removed at different times, write in both years.)

a. YEAR

b. YEAR

1 ☐ ONE REMOVED

1 ☐ SECOND REMOVED

2 ☐ BOTH REMOVED

8 ☐ DON'T KNOW

8 ☐ DON'T KNOW

9 ☐ REFUSED

9 ☐ REFUSED

G5. IF HYSTERECTOMY >12 MONTHS AGO, SKIP TO #G8 ON NEXT PAGE.

Did you have your period during the past 12 months, that is, since [THIS MONTH] of last year?

- 1 ☐ YES →
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

G6. Have you had your period in the past 3 months?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

RESPONSE CARD H

G7. When you had your period in the past 12 months, have your periods:

- 1 ☐ BECOME FARTHER APART
 2 ☐ BECOME CLOSER TOGETHER
 3 ☐ OCCURRED AT MORE VARIABLE INTERVALS
 4 ☐ STAYED THE SAME
 5 ☐ BECOME MORE REGULAR
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

G8. At what age or during what month and year did you have your last period?

a. AGE YEARS OR b. MONTH AND c. YEAR

888 ☐ DON'T KNOW

999 ☐ REFUSED

88 ☐ DON'T KNOW

99 ☐ REFUSED

8888 ☐ DON'T KNOW

9999 ☐ REFUSED

G9. Have you ever had menopausal symptoms, such as hot flashes or night sweats? (Your best guess)

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

GO TO QUESTION G19

G10. How old were you when you first had symptoms such as hot flashes or night sweats?

AGE YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

G11. How old were you when you last had symptoms such as hot flashes or night sweats?

AGE YEARS

111 ☐ STILL HAVING SYMPTOMS

888 ☐ DON'T KNOW

999 ☐ REFUSED

G11a. Did you experience hot flashes and/or sweats in the 12 month period prior to your breast cancer diagnosis?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

GO TO QUESTION G19

For each of the following questions, circle the number or check the box that most closely indicates how you typically felt in the 12 month period just prior to your breast cancer diagnosis.

G12. To what extent did you experience hot flashes and/or sweats in the 12 month period prior to your breast cancer diagnosis?

JUST A LITTLE									A GREAT DEAL
1	2	3	4	5	6	7	8	9	10

12 ☐ DON'T KNOW

13 ☐ REFUSED

GO TO QUESTION G19

RESPONSE CARD TS1

G13. How severe were these hot flashes and/or sweats?

MILD									SEVERE
1	2	3	4	5	6	7	8	9	10

88 ☐ DON'T KNOW

99 ☐ REFUSED

RESPONSE CARD TS2

G14. Did these hot flashes and/or sweats cause you distress?

NO DISTRESS									A GREAT DEAL OF DISTRESS
1	2	3	4	5	6	7	8	9	10

88 ☐ DON'T KNOW

99 ☐ REFUSED

RESPONSE CARD TS3

G15. How often did you have hot flashes and/or night sweats?

1 ☐ EVERY DAY

2 ☐ MOST DAYS (4-6 DAYS)

3 ☐ SOME DAYS (2-3 DAYS)

4 ☐ HARDLY ANY DAYS (1 DAY OR LESS)

8 ☐ DON'T KNOW

9 ☐ REFUSED

RESPONSE CARDS TS4

G16. For how many months?

- 1 ☐ < 3 MONTHS
2 ☐ 3 TO 5 MONTHS
3 ☐ 6 TO 8 MONTHS
4 ☐ 9 TO 12 MONTHS
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD TS5

G17. Did you typically feel cold or chilled following a hot flash?

- 1 ☐ ALWAYS
2 ☐ SOMETIMES
3 ☐ NEVER
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD TS6

G18. In the 12 month period prior to your breast cancer diagnosis, did you try any of the following for your hot flashes and/or sweats? (CHECK ALL THAT APPLY)

- ☐ WEARING LESS CLOTHING
☐ USING LESS BEDDING (BLANKETS)
☐ TAKING COOL BATHS/SHOWERS
☐ TURNING DOWN THE HEAT/USING A FAN/TURNING UP AIR CONDITIONER
☐ DRINKING COLD BEVERAGES
☐ HERBAL REMEDIES, PLEASE SPECIFY _____
☐ OTHER STRATEGIES NOT LISTED ABOVE, PLEASE SPECIFY _____
☐ NONE

RESPONSE CARD TS7

CODE

CODE

G19. Other than after a hot flash, to what extent did you experience feeling cold or chilled when others felt fine or hot in the 12 month period prior to your breast cancer diagnosis?

JUST A LITTLE									A GREAT DEAL
1	2	3	4	5	6	7	8	9	10

11 ☐ NOT AT ALL

12 ☐ DON'T KNOW

13 ☐ REFUSED

GO TO QUESTION H1

RESPONSE CARD TS1

G20. How severe were your feelings of being cold or chilled?

MILD									SEVERE
1	2	3	4	5	6	7	8	9	10

88 ☐ DON'T KNOW

99 ☐ REFUSED

RESPONSE CARD TS2

G21. Did these feelings of being cold or chilled cause you distress?

NO DISTRESS									A GREAT DEAL OF DISTRESS
1	2	3	4	5	6	7	8	9	10

88 ☐ DON'T KNOW

99 ☐ REFUSED

RESPONSE CARD TS3

G22. How often did you feel cold or chilled?

1 ☐ EVERY DAY

2 ☐ MOST DAYS (4-6 DAYS)

3 ☐ SOME DAYS (2-3 DAYS)

4 ☐ HARDLY ANY DAYS (1 DAY OR LESS)

8 ☐ DON'T KNOW

9 ☐ REFUSED

RESPONSE CARD TS4

G23. For how many months?

1 ☐ < 3 MONTHS

2 ☐ 3 TO 5 MONTHS

3 ☐ 6 TO 8 MONTHS

4 ☐ 9 TO 12 MONTHS

8 ☐ DON'T KNOW

9 ☐ REFUSED

RESPONSE CARD TS5

G24. In the 12 month period prior to your breast cancer diagnosis, did you try any of the following for your feelings of being inappropriately cold or chilled? (CHECK ALL THAT APPLY)

☐ WEARING MORE CLOTHING

☐ USING MORE BEDDING (BLANKETS)

☐ TAKING HOT BATHS/SHOWERS

☐ TURNING UP THE HEAT/USING A SPACE HEATER

☐ DRINKING HOT BEVERAGES

☐ HERBAL REMEDIES, PLEASE SPECIFY _____

☐ OTHER STRATEGIES NOT LISTED ABOVE, PLEASE SPECIFY _____

☐ NONE

RESPONSE CARD TS8

CODE

CODE

GO TO SECTION H

SECTION H. SCREENING MAMMOGRAPHY AND BREAST EXAMS

The next questions ask about your history of screening mammograms and breast exams. Please exclude any mammograms that were used to diagnose your breast cancer.

H1. Have you ever had a screening mammogram?

- 1 ☐ YES →
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

H2. At what age or in what month and year did you have your first screening mammogram?

a. AGE OR b. / c.
 YEARS MONTH YEAR

888 ☐ DON'T KNOW

88 ☐ DON'T KNOW

8888 ☐ DON'T KNOW

999 ☐ REFUSED

99 ☐ REFUSED

9999 ☐ REFUSED

H3. How many screening mammograms have you had?

NUMBER OF MAMMOGRAMS

88 ☐ DON'T KNOW

99 ☐ REFUSED

H4. At what age or what month and year was your last screening mammogram?

a. AGE OR b. / c.
 YEARS MONTH YEAR

888 ☐ DON'T KNOW

88 ☐ DON'T KNOW

8888 ☐ DON'T KNOW

999 ☐ REFUSED

99 ☐ REFUSED

9999 ☐ REFUSED

H5. Before your diagnosis, did you ever examine your breasts for lumps?

- 1 ☐ YES →
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

H6. How often did you perform breast self-exams?

01 ☐ ONCE A DAY

02 ☐ ONCE A WEEK

03 ☐ ONCE A MONTH

04 ☐ TWICE A MONTH

05 ☐ ONCE EVERY OTHER MONTH (6 TIMES A YEAR)

06 ☐ ONCE EVERY THIRD MONTH (4 TIMES A YEAR)

07 ☐ 2-3 TIMES A YEAR

08 ☐ ONCE A YEAR

09 ☐ LESS THAN ONCE A YEAR

88 ☐ DON'T KNOW

99 ☐ REFUSED

RESPONSE CARD H1

H7. Before your diagnosis, did your healthcare provider ever examine your breasts for lumps?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

H8. When was your last clinical breast exam? [BEFORE DIAGNOSIS]

- 1 ☐ WITHIN THE LAST YEAR
 2 ☐ WITHIN THE LAST 1.5 YEARS
 3 ☐ WITHIN THE LAST 2 YEARS
 4 ☐ MORE THAN 2 YEARS BUT WITHIN 5 YEARS
 5 ☐ MORE THAN 5 YEARS AGO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

H9. Before your diagnosis, had a healthcare provider ever told you that you had breast disease?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

RESPONSE CARD I

H10. What type of breast disease? (CHECK ALL THAT APPLY)

- 1 ☐ NON-CANCEROUS CYST
 1 ☐ BREAST LUMP
 1 ☐ ATYPICAL HYPERPLASIA
 1 ☐ ADENOSIS
 1 ☐ FIBROSIS
 1 ☐ FIBROCYSTIC DISEASE
 1 ☐ OTHER (SPECIFY): _____
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

BREAST CODE

H11. Not including your recent diagnostic biopsy, did you ever have any other breast biopsies?

- 1 ☐ YES
 0 ☐ NO
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

H12. How many previous biopsies have you had?

NUMBER OF BIOPSIES

- 88 ☐ DON'T KNOW
 99 ☐ REFUSED

H13. How was your breast cancer first discovered?

- 1 ☐ ROUTINE SELF-EXAM
 2 ☐ ACCIDENTAL SELF-DISCOVERY
 3 ☐ ACCIDENTAL DISCOVERY BY A PARTNER
 4 ☐ ROUTINE PHYSICAL EXAM BY DOCTOR
 5 ☐ ROUTINE MAMMOGRAM
 6 ☐ SOME OTHER WAY (SPECIFY): _____
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

RESPONSE CARD J

GO TO SECTION I

CODE

SECTION I. SMOKING HISTORY

Now, please answer a few questions about cigarette smoking.

- I1. Have you ever smoked at least 100 cigarettes in your lifetime? (EQUIVALENT TO 5 PACKS)

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

**SKIP TO QUESTION #17
ON NEXT PAGE**

- I2. How old were you when you first started smoking cigarettes?

AGE STARTED YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

- I3. Do you currently smoke?

1 ☐ YES

0 ☐ NO

8 ☐ DON'T KNOW

9 ☐ REFUSED

- I4. How many cigarettes do you smoke per day?
(ONE PACKAGE CONTAINS 20 CIGARETTES)

NUMBER OF CIGARETTES PER DAY

000 ☐ LESS THAN ONE A DAY

888 ☐ DON'T KNOW

999 ☐ REFUSED

- I5. How old were you when you stopped smoking cigarettes?

AGE STOPPED YEARS

888 ☐ DON'T KNOW

999 ☐ REFUSED

- I6. During the time that you smoked, on average, how many cigarettes did you smoke per day?

(ONE PACKAGE CONTAINS 20 CIGARETTES)

NUMBER OF CIGARETTES PER DAY

000 ☐ LESS THAN ONE A DAY

888 ☐ DON'T KNOW

999 ☐ REFUSED

The next questions are about being around people who smoke.

17. Before the age of 18, did you ever live with someone who smoked cigarettes inside your home?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

18. Before the age of 18, how many years did you live with someone who smoked inside your home?

- 1 ☐ LESS THAN 1 YEAR
2 ☐ 1-4 YEARS
3 ☐ 5-9 YEARS
4 ☐ 10-18 YEARS
8 ☐ DON'T KNOW
9 ☐ REFUSED

19. Since the age of 18, have you ever lived with someone (including a relative or partner) who smoked cigarettes inside your home?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

110. Since the age of 18, how many years have you lived with someone who smoked cigarettes inside your home?

- 1 ☐ LESS THAN 1 YEAR
2 ☐ 1-4 YEARS
3 ☐ 5-9 YEARS
4 ☐ 10-19 YEARS
5 ☐ 20-29 YEARS
6 ☐ 30-39 YEARS
7 ☐ 40 OR MORE YEARS
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD J1

111. Does anyone living with you now smoke cigarettes inside your home?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

I12. Have you ever worked in a space where people smoked cigarettes?

- 1 ☐ YES →
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED

I13. How many total years have you worked in a space where people smoked cigarettes?

- 1 ☐ LESS THAN 1 YEAR
2 ☐ 1-4 YEARS
3 ☐ 5-9 YEARS
4 ☐ 10-19 YEARS
5 ☐ 20-29 YEARS
6 ☐ 30-39 YEARS
7 ☐ 40 OR MORE YEARS
8 ☐ DON'T KNOW
9 ☐ REFUSED

RESPONSE CARD J1

I14. Do you now work in a space where people smoke?

- 1 ☐ YES
0 ☐ NO
8 ☐ DON'T KNOW
9 ☐ REFUSED