

METROPOLITAN NEW YORK REGISTRY

PERSONAL HISTORY QUESTIONNAIRE FOR MALE PARTICIPANTS

This questionnaire is about factors that may relate to your risk of developing cancer.

Please complete your own questionnaire

Please be sure to complete all questions in this questionnaire before returning it to your Registry Coordinator. Thank you.

If you have any questions, please call your

Registry Coordinator, _____

At 1-855-34_FAMILY

FOR OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

Site ID: |__|_|_|_| Date Received: __/__/__

Family ID: |__|_|_|_|_|_|_|_|

Subject ID: |__|_|_|_|_|_|_|-|_|_|_|_|

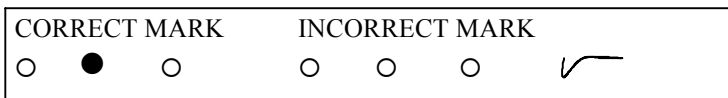
This questionnaire was administered by: Self
 Interviewer, Initials: |__|_|

MARKING INSTRUCTIONS



Please use only No. 2 lead pencil to complete this form.

- Do **NOT** use ink or ballpoint pens.
- Fill in the circle completely, staying within the circle.



- Erase cleanly any answer you wish to change.
- Do not make any stray marks in this booklet.

MARKING EXAMPLES

Example 1: If your age is 46, you would answer the following question like this:

A-1. How old are you?

Write numbers in the boxes

○	4	6
Age		

●	①	②	③	④	⑤	⑥	⑦	⑧	⑨
①	②	③	●	⑤	⑥	⑦	⑧	⑨	
①	②	③	④	⑤	●	⑦	⑧	⑨	

↑ Then fill in the matching ovals for each box

Example 2: Sometimes you may be asked to write in numbers in boxes and/or within a space provided. **It is important to keep handwriting within the space provided.**

G-2 Have you ever had any of the following diagnostic exams that include multiple x-rays of the chest area?

- No
- Yes →
- Don't know

	Number of exams	Age of first exam	have
G-2.1 X-rays for heart catheterization	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
	Number	Age	
G-2.2 X-rays for scoliosis	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
	Number	Age	
G-2.3 Other intensive X-rays of the chest area	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
	Number	Age	
Please specify _____			

A. General Information

A-1. How old are you?

Write the numbers in the boxes. → → Then fill in the matching ovals for each box.

Age

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

A-2. What is your date of birth?

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Month →

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Day

8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

1

Year

A-3. How tall are you?

4 5 6 7

Feet

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Inches

A-4. What is your *current* weight?

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Pounds

A-5. Are you a twin?

- No Yes

If yes, please read the following statement and answer the question

Non-identical or fraternal twins are no more alike than ordinary brothers and sisters. Genetically identical twins are always the same sex and strongly resemble each other in height, coloring, features of the face, etc. It is not uncommon for other people to mistake one twin for the other, especially during their childhood.

A-5.1 Do you think you and your twin are genetically identical?

- No Yes Don't Know

A-6. What is the highest level of education you completed?

- Less than 8 years
- 8 to 11 years (without graduation)
- High school graduation
- Vocational or technical school
- Some college or university
- Bachelor's degree
- Graduate degree

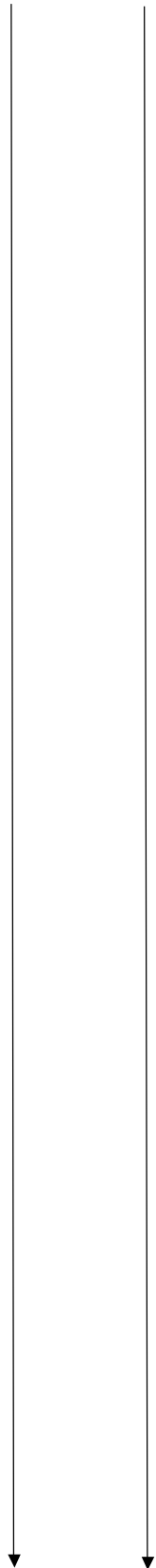
A-7. Are you currently:

- Married or living as married (with partner)
- Widowed
- Divorced
- Separated
- Never married

B. Medical History

B-1. Has a doctor ever told you that you had cancer, leukemia or a malignant tumor?

- No Don't Know Yes →



B-1.1 What was the *first* type of cancer? _____ Don't know

B-1.2 How old were you when this was *first* diagnosed?

→ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Age

B-1.3 What was your weight at the time of your diagnosis, before you started any treatment?

→ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Pounds

B-1.4 When and where were you treated?

Dr.(s) _____ month/yr. ____/____

Hosp: _____

Street Address: _____

City: _____ State: _____

B-1.5 What was the *second* type of cancer? _____ Don't know

B-1.6 How old were you when this was *first* diagnosed?

→ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Age

B-1.7 What was your weight at the time of your diagnosis, before you started any treatment?

→ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 → ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Pounds

B-1.8 When and where were you treated?

Dr.(s) _____ month/yr. ____/____

Hosp: _____

Street Address: _____

B-2. Has a doctor ever told you that you had *benign breast disease*, such as a non-cancerous cyst or breast lump?

No Don't Know Yes



B-2.1 How old were you when this was *first* diagnosed?

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Age

B-3. Has a doctor ever told you that you had gynecomastia (enlarged breasts)?

No Don't Know Yes



B-3.1 How old were you when this was *first* diagnosed?

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Age

B-4. When your mother was pregnant with you, did she take DES (diethylstilbestrol)? This drug was sometimes given to women to help prevent miscarriages.

No Don't Know Yes

B-5. Has a doctor ever told you had prostatic hyperplasia (BPH or enlarged prostate)?

No Don't Know Yes



B-5.1 How old were you when this was *first* diagnosed?

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Age

Go to next page.

C. Surgical History

C-1 Have you ever had surgery related to breast disease (Mastectomy, Lumpectomy or Biopsy)?

A mastectomy is the complete removal of a breast. A lumpectomy is the removal of a portion of the breast. A biopsy is the removal of tissue for the purpose of making a diagnosis. Please do not include fine needle aspiration biopsies.

- No Yes
 →

C-1.1 The first time you had breast surgery, which breast was operated on?

- Left breast Right breast

C-1.2 Where and when was this surgery performed?

Dr.(s): _____ Month/Year? _____
Hosp: _____
Addr: _____
City: _____ State: _____

C-1.3 Was this surgery a biopsy?

- Don't know No Yes →

C-1.4 What was the outcome of this biopsy?

- Benign (non-cancerous) lump, tumor or cyst
- Malignant (cancerous) tumor
- Don't know

C-1.5 Was this surgery a lumpectomy or mastectomy?

- Don't know No Lumpectomy Mastectomy
 → →

C-1.6 Why was this surgery performed?

- To remove cancerous (malignant) breast tissue
- To remove breast tissue to prevent possible future disease (prophylactic surgery)
- Don't know

C-1.7 How old were you when you had this operation?

			→	⑩	①	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			→	⑩	①	②	③	④	⑤	⑥	⑦	⑧	⑨
			→	⑩	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Age

C-1.8 Have you had a second surgery on your breast?

No

Yes



C-1.9 The second time you had breast surgery, which breast was operated on?

Left breast

Right breast

C-1.10 Where and when was this surgery performed?

Dr.(s): _____	Month/Year? _____
Hosp: _____	
Addr: _____	
City: _____	State: _____

C-1.11 Was this surgery a biopsy?

Don't know

No

Yes



C-1.12 What was the outcome of this biopsy?

- Benign (non-cancerous) lump, tumor or cyst
- Malignant (cancerous) tumor
- Don't know

C-1.13 Was this surgery a lumpectomy or mastectomy?

Don't know

No

Lumpectomy

Mastectomy



C-1.14 Why was this surgery performed?

- To remove cancerous (malignant) breast tissue
- To remove breast tissue to prevent possible future disease (prophylactic surgery)
- Don't know

C-1.15 How old were you when you had this operation?

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
□ □ □	Age								

Go to next page.

C-1.16 Have you had a third surgery on your breast?

No

Yes



C-1.17 The third time you had breast surgery, which breast was operated on?
Left breast Right breast

C-1.18 Where and when was this surgery performed?

Dr.(s): _____	Month/Year? _____
Hosp: _____	
Addr: _____	
City: _____	State: _____

C-1.19 Was this surgery a biopsy?
Don't know No Yes

Arrows from 'Don't know' and 'No' point downwards. An arrow from 'Yes' points to the right.

C-1.20 What was the outcome of this biopsy?

- Benign (non-cancerous) lump, tumor or cyst
- Malignant (cancerous) tumor
- Don't know

C-1.21 Was this surgery a lumpectomy or mastectomy?
Don't know No Lumpectomy Mastectomy

Arrows from 'Don't know' and 'No' point downwards. Arrows from 'Lumpectomy' and 'Mastectomy' point to the right.

C-1.22 Why was this surgery performed?

- To remove cancerous (malignant) breast tissue
- To remove breast tissue to prevent possible future disease (prophylactic surgery)
- Don't know

C-1.23 How old were you when you had this operation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age
--------------------------	--------------------------	--------------------------	-----

Age selection grid:

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Go to next page.

C-1.24 Have you had a fourth surgery on your breast?

- No Yes



C-1.25 The fourth time you had breast surgery, which breast was operated on?

- Left breast Right breast

C-1.26 Where and when was this surgery performed?

Dr.(s): _____	Month/Year? _____
Hosp: _____	
Addr: _____	
City: _____	State: _____

C-1.27 Was this surgery a biopsy?

- Don't know No Yes



C-1.28 What was the outcome of this biopsy?

- Benign (non-cancerous) lump, tumor or cyst
 Malignant (cancerous) tumor
 Don't know

C-1.29 Was this surgery a lumpectomy or mastectomy?

- Don't know No Lumpectomy Mastectomy



C-1.30 Why was this surgery performed?

- To remove cancerous (malignant) breast tissue
 To remove breast tissue to prevent possible future disease (prophylactic surgery)
 Don't know

C-1.31 How old were you when you had this operation?

→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Age

Go to next page.

C-1.32 Have you had a fifth surgery on your breast?

- No Yes



C-1.33 The fifth time you had breast surgery, which breast was operated on?

- Left breast Right breast

C-1.34 Where and when was this surgery performed?

Dr.(s): _____	Month/Year? _____
Hosp: _____	
Addr: _____	
City: _____	State: _____

C-1.35 Was this surgery a biopsy?

- Don't know No Yes



C-1.36 What was the outcome of this biopsy?

- Benign (non-cancerous) lump, tumor or cyst
- Malignant (cancerous) tumor
- Don't know

C-1.37 Was this surgery a lumpectomy or mastectomy?

- Don't know No Lumpectomy Mastectomy



C-1.38 Why was this surgery performed?

- To remove cancerous (malignant) breast tissue
- To remove breast tissue to prevent possible future disease (prophylactic surgery)
- Don't know

C-1.39 How old were you when you had this operation?

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Age

Go to next page.

C-1.40 Have you had a sixth surgery on your breast?

- No Yes



C-1.41 The sixth time you had breast surgery, which breast was operated on?
Left breast Right breast

C-1.42 Where and when was this surgery performed?

Dr.(s): _____	Month/Year? _____
Hosp: _____	
Addr: _____	
City: _____	State: _____

C-1.43 Was this surgery a biopsy?
Don't know No Yes

C-1.44 What was the outcome of this biopsy?
 Benign (non-cancerous) lump, tumor or cyst
 Malignant (cancerous) tumor
 Don't know

C-1.45 Was this surgery a lumpectomy or mastectomy?
Don't know No Lumpectomy Mastectomy

C-1.46 Why was this surgery performed?
 To remove cancerous (malignant) breast tissue
 To remove breast tissue to prevent possible future disease (prophylactic surgery)
 Don't know

C-1.47 How old were you when you had this operation?

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

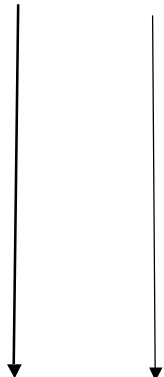
Age

Go to next page.

D. Radiation Exposure

D-1. Have you ever had a mammogram (x-ray examination of the breast)?

No Don't Know Yes



D-1.1 When and where did you have your *last* mammogram?
 Hospital/Clinic: _____
 City: _____ State: _____ Date: ____/____/____
Month - Year

D-1.2 In total, how many mammograms have you had?

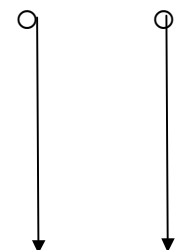
0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Number

D-2. Have you ever had any of the following diagnostic exams that include multiple x-rays of the chest area? (exclude mammograms)

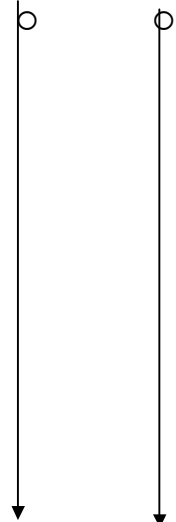
No Don't Know Yes



What type of exam did you have?	Number of exams	Age first exam	Age last exam
D-2.1 X-rays for heart catheterization	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-2.2 X-rays for scoliosis	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-2.3 Other X-rays of the chest area Please specify _____	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age

D-3. Have you ever had a condition that was treated with radiation (x-rays, cobalt treatments, radium treatments, etc.) that included the chest area?

No Don't Know Yes



What condition were you treated for?	Number of treatments	Age at first treatment	Age at last treatment
D-3.1 Cancer	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-3.2 Enlarged thymus gland	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-3.3 Acne	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-3.4 Hemangioma	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-3.5 Tuberculosis	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-3.6 Mastitis	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age

D-3.7 Other Please specify _____	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
--	--	---	---

Go to next page.

D-4. Have you ever had any of the following diagnostic exams that include multiple x-rays of the lower abdomen or pelvis? ↓

No	Don't Know	Yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What type of exams did you have?	Number of exams	Age first exam	Age last exam
D-4.1 Fluoroscopic x-rays	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-4.2 Barium examination of the lower bowel	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-4.3 CT scan or x-rays of the lower spine or pelvis	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-4.4 Other Please specify _____	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age

D-5. Have you ever been treated for a condition with radiation that included the lower abdomen or pelvis? ↓

No	Don't Know	Yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What condition were you treated for?	Number of treatments	Age at first treatment	Age at last treatment
D-5.1 Cancer	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age
D-5.2 Other Please specify _____	<input type="text"/> <input type="text"/> <input type="text"/> Number	<input type="text"/> <input type="text"/> <input type="text"/> Age	<input type="text"/> <input type="text"/> <input type="text"/> Age

Go to next page.

E. Alcohol Consumption

E-1. Have you ever consumed any alcoholic beverages, such as beer, wine, or liquor *regularly* (at least once per week for 6 months or longer)?

No Yes

E-1.1 At what age did you *first* start consuming alcohol at least once per week for 6 months or longer?

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Age

E-1.2 For each of the age groups below that apply to you, please ESTIMATE how many drinks of beer, wine or wine coolers, and hard liquor you usually had in one week when you consume(d) alcohol on a regular basis.

Beer

Average number of 12 oz. bottles or cans of beer you drank in a week							
Age ranges	None	1-2	3-4	5-6	7-8	9-10	10+
Last 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 12 to 17 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18 to 24 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 25 to 34 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 35 to 44 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 45 to 54 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 55 or more years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wine or wine coolers

Average number of wine (1 medium glass) or wine coolers you drank in a week							
Age ranges	None	1-2	3-4	5-6	7-8	9-10	10+
Last 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 12 to 17 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18 to 24 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 25 to 34 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 35 to 44 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 45 to 54 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 55 or more years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hard Liquor

Average number of hard liquor drinks (1 shot) you drank in a week							
Age ranges	None	1-2	3-4	5-6	7-8	9-10	10+
Last 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 12 to 17 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18 to 24 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 25 to 34 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 35 to 44 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 45 to 54 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 55 or more years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to E-1.3

E-1.3 Are you currently consuming alcohol *at least once per week*?

Yes

No



E-1.4 At what age did you *stop* consuming alcohol *at least once per week*?

	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

Age



E-1.5 In total, for how many years have you consumed alcohol *at least once per week*?

	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

Years

Go to next page.

F. Smoking

F-1. Over your lifetime, have you smoked more than 100 cigarettes?

- No Yes

F-2 Has there ever been a time when you smoked cigarettes regularly (at least one cigarette a day for 3 months or longer)?

- No Yes

F-2.1 At what age did you *first* start smoking cigarettes regularly (at least one cigarette per day for 3 months or longer)?

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Age

F-2.2 When you smoke(d) *regularly*, how many cigarettes do (did) you usually smoke in a day?

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Number of cigarettes per day

F-2.3 Are you currently smoking *regularly*?

- Yes No

F-2.4 At what age did you *stop* smoking cigarettes regularly?

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Age

F-2.5 For how many years in total have you smoked cigarettes *regularly*?

→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
→	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Years

Go to next page.

G. Physical Activity

The following are questions about your physical activity at various times in your life. For each of the ages below that apply, please estimate the average amount of time each week and the average number of months each year you spent in strenuous exercise and moderate exercise.

Moderate Exercise

G-1. How often did you participate in moderate exercise activities or sports (e.g., brisk walking, golf, volleyball, cycling on level streets recreation tennis, or softball)?

	Average hours per week										Average months per year			
	None	½	1	1-1½	2	3	4 - 6	7-10	11+	1-3	4-6	7-9	10-12	
Past 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 12 to 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 18 to 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 25 to 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 35 to 44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 45 to 54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
55 or more years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Strenuous Exercise

G-2. How often did you participate in strenuous exercise activities or sports (e.g., swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, racquetball)?

	Average hours per week										Average months per year			
	None	½	1	1-1½	2	3	4 - 6	7-10	11+	1-3	4-6	7-9	10-12	
Past 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 12 to17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 18 to 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 25 to 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 35 to 44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ages 45 to 54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
55 or more years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

H. Ethnic and Religious Background

H-1. Please check the religion into which you, your parents and your grandparents were born:

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Orthodox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jewish, Ashkenazi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jewish, Sephardic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jewish, other/uncertain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LDS or Mormon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protestant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh Day Adventist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H-2. Please mark the religion you currently practice:

- Buddhist
- Catholic
- Eastern Orthodox
- Hindu
- Jewish, Ashkenazi
- Jewish, Sephardic
- Jewish, other/uncertain
- Latter Day Saint or Mormon
- Muslim
- Protestant
- Seventh Day Adventist
- None
- Other *Please specify* _____

H-3. In which country were you, your parents and your grandparents born?

	Country	Don't Know
a. You		<input type="radio"/>
b. Your mother		<input type="radio"/>
c. Your father		<input type="radio"/>
d. Your mother's mother		<input type="radio"/>
e. Your mother's father		<input type="radio"/>
f. Your father's mother		<input type="radio"/>
g. Your father's father		<input type="radio"/>

H-4. What is your ethnic or racial background? (Mark all that apply.)

- Black/African American
- Cambodian
- Chinese
- Hispanic/Latino
- Japanese
- Korean
- Laotian
- Native American (e.g. Indian, Inuit)
- South Asian (e.g. East Indian, Pakistani, Bangladeshi)
- Vietnamese
- White/Caucasian
- Other, please specify _____
- Don't know

Go to next page.

I. Other Studies

I-3. Are you currently, or have you ever, been a participant in a cancer prevention study?

No Yes



I-3.1 What type of study was this? *Please check all that apply.*

- A dietary study
- Tamoxifen trial
- Other - *please specify* _____


I-4. Have you or your family participated in other research studies of familial cancer?

No Yes, *please specify* _____

Go to next page

The following questions ask about mammograms and breast exams that you have had.

How old were you when you had your first mammogram?

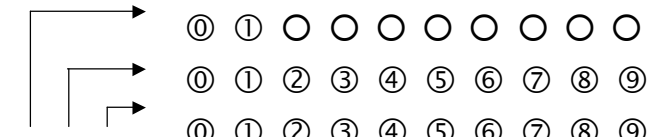


Write the numbers in the boxes. Then fill in the matching ovals for each box.

Age at first mammogram

How many mammograms have you had in the last five years?.....

Don't know



Write the numbers in the boxes. Then fill in the matching ovals for each box.

of mammograms in last five years

- When was your most recent mammograms?.....
- I've never had a mammogram
 - within the past 12 months
 - 1-2 years ago
 - 3-4 years ago
 - more than 4 years ago
 - Don't know

- When was your most recent breast exam by a health care provider?.....
- I have never had one
 - within the past year
 - 1-2 years ago
 - 3-4 years ago
 - more than 4 years ago
 - Don't know

- Do you currently do breast self-exams?.....
- Yes
 - No
 - Don't know

- How frequently do you do breast self exams?.....
- more than once a month
 - about once a month
 - every 2-4 months
 - less than every 4 months
 - never
 - Don't know

The following questions ask about your diet.

Have you ever made any MAJOR AND LASTING changes to your eating habits?

No Yes

How old were you when you made these changes in your diet?

Write the numbers in the boxes.

--	--	--

Then fill in the matching ovals for each box.

Age

How did the changes in your diet affect your intake of the following foods?

I began to consume....	More	Less	Same
Red Meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy Products, Tofu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low fat foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low fat dairy products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High fiber foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE CHECK THAT YOU HAVE COMPLETED ALL QUESTIONS IN THIS QUESTIONNAIRE BEFORE RETURNING TO YOUR REGISTRY COORDINATOR

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