



1. Have you ever had any full-blooded sisters who reached adulthood (age 21)?

No

Yes

Don't know

1.1. How many sisters?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10 or more            |
| <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"/> |

2. Have you ever had any full-blooded brothers who reached adulthood (age 21)?

No

Yes

Don't know

2.1. How many brothers?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10 or more            |
| <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"/> |

3. Have you ever had any daughters who reached adulthood (age 21)?

No

Yes

Don't know

3.1. How many daughters?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10 or more            |
| <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"/> |

4. Have you ever had any sons who reached adulthood (age 21)?

No

Yes

Don't know

4.1. How many sons?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10 or more            |
| <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"/> |

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The next two questions are about your natural (not adoptive) mother and father.

5. Is your natural mother still alive?

No →

5.1. How old was she when she died? (Please guess as closely as you can.)

Less than 40	40-49	50-59	60-69	70-79	80-89	90-99	100 or older
①	②	③	④	⑤	⑥	⑦	⑧

Yes →

5.2. How old is she now? (Please guess as closely as you can.)

Less than 70	70-79	80-89	90-99	100 or older
①	②	③	④	⑤

Don't know

6. Is your natural father still alive?

No →

6.1. How old was he when he died? (Please guess as closely as you can.)

Less than 40	40-49	50-59	60-69	70-79	80-89	90-99	100 or older
①	②	③	④	⑤	⑥	⑦	⑧

Yes →

6.2. How old is he now? (Please guess as closely as you can.)

Less than 70	70-79	80-89	90-99	100 or older
①	②	③	④	⑤

Don't know

7. Did your mother, father, full-blooded sisters, full-blooded brothers, daughters, or sons ever have sugar diabetes or high blood sugar that first appeared as an adult?

No

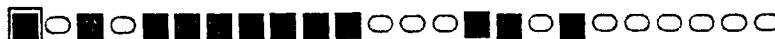
Yes

Don't know

7.1. How many of these relatives had diabetes?

1	2	3	4 or more
①	②	③	④

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PLEASE MAKE NO MARKS IN THIS AREA

8. Did your mother, father, full-blooded sisters, full-blooded brothers, daughters, or sons ever have a heart attack or myocardial infarction?

- No
- Yes
- Don't know

Please answer the following questions for each of your relatives, starting with those who had a heart attack. If you do not have a full-blooded sister, full-blooded brother, daughter, or son, leave the spaces blank.

8.1. Did this relative have a heart attack?

	No	Yes				Don't know if he or she had a heart attack
		How old was he or she when the first heart attack occurred?				
		Less than 55	55-64	65 or older	Don't know age	
1. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Son	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Son	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to the next page.

9. Did your mother, father, full-blooded sisters, full-blooded brothers, daughters, or sons ever have a stroke?

No

Yes

Don't know

9.1. How many of these relatives had a stroke?

1

2

3

4 or more

These next questions are about cancers your relatives may have had. For each question, mark "Yes" only if it describes the area where the relative's cancer started. Often cancers will start in one place and then spread. We are interested in where the cancer started.

Female Relatives

10. Did any of your female relatives ever have cancer? For female relatives, please answer about your mother, full-blooded sisters, daughters, and grandmothers. Do not include aunts, cousins, and nieces.

No

Yes

Don't know

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Go to Question 16 on page 8.



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11. Did your mother, full-blooded sisters, daughters, or grandmothers ever have breast cancer?

- No
- Yes
- Don't know

Please answer the following questions for each of your female relatives, starting with those who had breast cancer. If you do not have a full-blooded sister or daughter, leave the spaces blank. Please note that the age category is different than for the question about heart attacks in relatives.

11.1. Did this relative have breast cancer?

	No	Yes			Don't know if she had breast cancer
		How old was she when her <u>first</u> breast cancer occurred?			
		Less than 45	45 or older	Don't know age	
1. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Maternal grandmother (your mother's mother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Paternal grandmother (your father's mother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to the next page.

12. Did your mother, full-blooded sisters, or daughters ever have cancer of the colon, rectum, intestine, or bowel?

- No                       Yes  
 Don't know

Please answer the following questions for each of your female relatives, starting with those who had colon, rectum, intestine, or bowel cancer. If you do not have a full-blooded sister or daughter, leave those spaces blank.

12.1. Did this relative have cancer of the colon, rectum, intestine, or bowel?

	No	Yes			Don't know if she had this type of cancer
		How old was she when the cancer <u>first</u> occurred?			
		Less than 55	55 or older	Don't know age	
1. Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Did your mother, full-blooded sisters, or daughters ever have cancer of the cervix (opening to the womb)?

- No                                       Yes  
 Don't know

13.1. How many of these relatives had cancer of the cervix?

- 1                      2                      3                      4 or more

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14. Did your mother, full-blooded sisters, or daughters ever have cancer of the uterus, womb, or endometrium (lining of the womb)?

No

Yes

Don't know

14.1. How many of these relatives had cancer of the uterus, womb, or endometrium?

1	2	3	4 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Did your mother, full-blooded sisters, or daughters ever have cancer of the ovaries?

No

Yes

Don't know

15.1. How many of these relatives had cancer of the ovaries?

1	2	3	4 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Male Relatives

16. Did any of your male relatives ever have cancer? (For male relatives, please answer about your father, full-blooded brothers, and sons. Do not include uncles, cousins, and nephews.)

No

Yes

Don't know

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Go to Question 19 on page 10.



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17. Did your father, full-blooded brothers, or sons ever have cancer of the colon, rectum, intestine, or bowel?

- No
- Yes
- Don't know

Please answer the following questions for each of your male relatives, starting with those who had colon, rectum, intestine, or bowel cancer. If you do not have a full-blooded brother or son, leave those spaces blank.

17.1. Did this relative have cancer of the colon, rectum, intestine, or bowel?

	No	Yes			Don't know if he had this type of cancer
		How old was he when the cancer <u>first</u> occurred?			
		Less than 55	55 or older	Don't know age	
1. Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Son	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Son	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Did your father, full-blooded brothers, or sons ever have cancer of the prostate (male gland)?

- No
- Yes
- Don't know

18.1. How many of these relatives had cancer of the prostate?

- 1
  - 2
  - 3
  - 4 or more
- 

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Finally, we want to ask you some questions about your parents.

19. Did your mother ever break or fracture a bone after she was 40 years old?

No       Yes

Don't know

Please answer the following questions for each of the bones listed below. If she broke the bone more than once, mark her age when it was first broken.

19.1. Did your mother break this bone?

	No	Yes			Don't know if she broke this bone
		How old was your mother when the bone was <u>first</u> broken?			
		40 to 55	55 or older	Don't know age	
1. Hip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Spine or back (vertebra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Upper arm (humerus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lower arm or wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MAKE NO MARKS IN THIS AREA

20. Did your father ever break or fracture a bone after he was 40 years old?

- No       Yes  
 Don't know

Please answer the following questions for each of the bones listed below. If he broke the bone more than once, mark his age when it was first broken.

20.1. Did your father break this bone?

	No	Yes			Don't know if he broke this bone
		How old was your father when the bone was <u>first</u> broken?			
		40 to 55	55 or older	Don't know age	
1. Hip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Spine or back (vertebra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Upper arm (humerus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lower arm or wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other (Specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What is the date you finished this form?

/  /   
 Month      Day      Year

M    1 2 3 4 5 6 7 8 9 10 11 12

D    10 20 30

Y    94 95 96 97 98 99

