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Ver. 3
OMB #0925-0414 Exp: 6/97

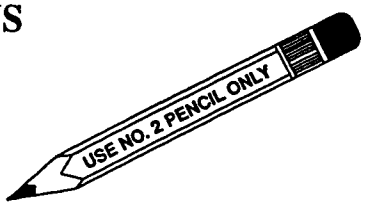
WOMEN'S HEALTH INITIATIVE

Form 32 - Family History Questionnaire

We can learn about risks of disease by asking women what diseases have run in their families. This questionnaire asks you about several diseases that may occur in more than one member of a family. For all of these questions, please think about full-blooded relatives only. Do not think about half-sisters or half-brothers, or relatives who are related to you by marriage or adoption. Full-blooded sisters and brothers are those who had the same two parents as you. If you are adopted or are not sure about some relatives' health history, please include any family history that you know about.

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.



CORRECT MARK ○●○○ INCORRECT MARKS ✓ ✗ ⊙ ◪

- For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right.

Example: If your age is 59: 5 9

100 ○
10 20 30 40 50 60 70 80 90
○○○○●○○○○
1 2 3 4 5 6 7 8 9
○○○○○○○○●

Public reporting for this collection of information is estimated to average 25 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0414), Washington, D.C. 20503. Do not return the completed form to either of these addresses.

OFFICE USE ONLY

S _____

AFFIX LABEL BETWEEN LINES
BAR CODE HERE

1. Date Received:

Month - Day - Year

M ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫
D ⑩ ⑳ ㉚ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Y ㉞ ㉟ ㊱ ㊲ ㊳ ㊴

2. Reviewed By:

⑩⓪ ⑳⓪ ㉚⓪
⑩ ⑳ ㉚ ㊵ ㊿ ⑥⓪ ⑦⓪ ⑧⓪ ⑨⓪
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

3. Contact Type:

① Phone
② Mail
③ Visit
⑧ Other

4. Visit Type:

① Screening ⓪ ① ② ③
② Semi-Annual ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
③ Annual ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
④ Non Routine

5. Form Administration:

① Self ② Group ③ Interview ④ Assistance

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PLEASE MAKE NO MARKS IN THIS AREA

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

⓪ No ① Yes

⑨ Don't know

1.1. How many sisters?

1	2	3	4	5	6	7	8	9	10 or more
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

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

⓪ No ① Yes

⑨ Don't know

2.1. How many brothers?

1	2	3	4	5	6	7	8	9	10 or more
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

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

⓪ No ① Yes

⑨ Don't know

3.1. How many daughters?

1	2	3	4	5	6	7	8	9	10 or more
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

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

⓪ No ① Yes

⑨ Don't know

4.1. How many sons?

1	2	3	4	5	6	7	8	9	10 or more
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Go to the next page.

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

5. Is your natural mother still alive?

⓪ 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

① 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

⑨ Don't know

6. Is your natural father still alive?

⓪ 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

① 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

⑨ 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?

⓪ No

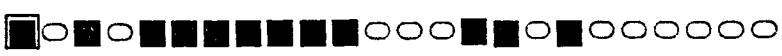
⑨ Don't know

① Yes

7.1. How many of these relatives had diabetes?

1	2	3	4 or more
①	②	③	④

Go to the next page.



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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?

⓪ No ① Yes

⑨ 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 — How old was he or she when the first heart attack occurred?				Don't know if he or she had a heart attack
		Less than 55	55-64	65 or older	Don't know age	
1. Mother	⓪	①	②	③	④	⑨
2. Father	⓪	①	②	③	④	⑨
3. Sister	⓪	①	②	③	④	⑨
4. Sister	⓪	①	②	③	④	⑨
5. Sister	⓪	①	②	③	④	⑨
6. Brother	⓪	①	②	③	④	⑨
7. Brother	⓪	①	②	③	④	⑨
8. Brother	⓪	①	②	③	④	⑨
9. Daughter	⓪	①	②	③	④	⑨
10. Daughter	⓪	①	②	③	④	⑨
11. Son	⓪	①	②	③	④	⑨
12. Son	⓪	①	②	③	④	⑨

Go to the next page.

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

⓪ No ① Yes

⑨ Don't know

9.1. How many of these relatives had a stroke?

1	2	3	4 or more
①	②	③	④

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.

⓪ No ① Yes

⑨ Don't know

Go to the next page.

Go to Question 16 on page 8.

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

⓪ No ① Yes

⑨ 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: How old was she when her first breast cancer occurred?			Don't know if she had breast cancer
		Less than 45	45 or older	Don't know age	
1. Mother	⓪	①	②	③	⑨
2. Sister	⓪	①	②	③	⑨
3. Sister	⓪	①	②	③	⑨
4. Sister	⓪	①	②	③	⑨
5. Daughter	⓪	①	②	③	⑨
6. Daughter	⓪	①	②	③	⑨
7. Daughter	⓪	①	②	③	⑨
8. Maternal grandmother (your mother's mother)	⓪	①	②	③	⑨
9. Paternal grandmother (your father's mother)	⓪	①	②	③	⑨

Go to the next page.

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

⓪ No ① Yes

⑨ 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** How old was she when the cancer first occurred?			**Don't know if she had this type of cancer**
		Less than 55	55 or older	Don't know age	
1. Mother	⓪	①	②	③	⑨
2. Sister	⓪	①	②	③	⑨
3. Sister	⓪	①	②	③	⑨
4. Sister	⓪	①	②	③	⑨
5. Daughter	⓪	①	②	③	⑨
6. Daughter	⓪	①	②	③	⑨

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

⓪ No ① Yes

⑨ Don't know

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

1	2	3	4 or more
①	②	③	④

Go to the next page.

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

⓪ No ① Yes

⑨ Don't know

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

1	2	3	4 or more
①	②	③	④

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

⓪ No ① Yes

⑨ Don't know

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

1	2	3	4 or more
①	②	③	④

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.)**

⓪ No ① Yes

⑨ Don't know

Go to the next page.

Go to Question 19 on page 10.

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

⓪ No ① Yes

⑨ 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** How old was he when the cancer first occurred?			**Don't know if he had this type of cancer**
		Less than 55	55 or older	Don't know age	
1. Father	⓪	①	②	③	⑨
2. Brother	⓪	①	②	③	⑨
3. Brother	⓪	①	②	③	⑨
4. Brother	⓪	①	②	③	⑨
5. Son	⓪	①	②	③	⑨
6. Son	⓪	①	②	③	⑨

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

⓪ No ① Yes

⑨ Don't know

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

1	2	3	4 or more
①	②	③	④

Go to the next page.

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?

⓪ No ① Yes

⑨ 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: How old was your mother when the bone was first broken? 40 to 55	55 or older	Don't know age	Don't know if she broke this bone
1. Hip	⓪	①	②	③	⑨
2. Spine or back (vertebra)	⓪	①	②	③	⑨
3. Upper arm (humerus)	⓪	①	②	③	⑨
4. Lower arm or wrist	⓪	①	②	③	⑨
5. Other (Specify): _____	⓪	①	②	③	⑨

Go to the next page.

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

⓪ No ① Yes

⑨ 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: How old was your father when the bone was first broken? 40 to 55	55 or older	Don't know age	Don't know if he broke this bone
1. Hip	⓪	①	②	③	⑨
2. Spine or back (vertebra)	⓪	①	②	③	⑨
3. Upper arm (humerus)	⓪	①	②	③	⑨
4. Lower arm or wrist	⓪	①	②	③	⑨
5. Other (Specify): _____	⓪	①	②	③	⑨

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 / 1 2 3 4 5 6 7 8 9

Y: 94 95 96 97 98 99

Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:

* U.S. GOVERNMENT PRINTING OFFICE:1995-689-304/20501

PLEASE MAKE NO MARKS IN THIS AREA

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