

	Trkg	Edit	DE 1	DE 2	Other
Date					
Initial					

PARTICIPANT ID:

**NORTHERN CALIFORNIA
BREAST CANCER FAMILY REGISTRY
RELATIVE QUESTIONNAIRE
MALE**

CENTER ID: 6 0 0

FAMILY ID:

DATE OF DIAGNOSIS:

MO DAY YEAR

INTERVIEWER: _____

DATE OF INTERVIEW:

MO DAY YEAR

STARTING TIME OF INTERVIEW AM 1

HR MIN PM 2

TYPE OF INTERVIEW: IN-PERSON 1 PHONE 2

SECTION A. BACKGROUND INFORMATION

I would like to begin by asking for some background information about you and your family.

A1. How old are you?

--	--	--

AGE

A2. What is your date of birth?

MO		DAY		YEAR			

A3. **IDENTIFY SEX OF PARTICIPANT**

- | | |
|--------|---|
| MALE | 1 |
| FEMALE | 2 |

A4. What was the highest level of education you completed?
(SHOW CARD A, READ CHOICES)

- | | |
|---|---|
| Less than 8 years | 1 |
| 8 to 11 years, without high school graduation | 2 |
| High school graduation | 3 |
| Vocational or technical school | 4 |
| Some college or university | 5 |
| Bachelor's degree | 6 |
| Graduate degree | 7 |
| DK | 9 |

A5. Are you currently...

- | | |
|------------------------------|---|
| Married or living as married | 1 |
| Widowed | 2 |
| Divorced | 3 |
| Separated | 4 |
| Never married | 5 |
| DK | 9 |

A6. Which of the following choices best describes your race or ethnic background?
(SHOW CARD B, CIRCLE AS MANY AS APPLY)

- White, non Hispanic 1
- White, Hispanic 16
- African-American or Black, non Hispanic 2
- African-American or Black, Hispanic 17
- Native American 3
- Chinese 4
- Japanese 5
- Filipino 6
- Hawaiian 7
- Korean 8
- Asian Indian or Pakistani 9
- Vietnamese 10

OTHER (SPECIFY) _____

_____ 88

DK 99

A7. In what country were you born? _____

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IF BORN IN U.S.: GO TO A10.

IF NOT BORN IN THE U.S.:

A8. In what year did you first come to live in the United States?

--	--	--	--

A9. In total, how many years have you lived in the United States?

--	--	--

A10. In what country was your mother born? _____

--	--	--

A11. Your mother's mother? _____

--	--	--

A12. Your mother's father? _____

--	--	--

A13. In what country was your father born? _____

--	--	--

A14. Your father's mother? _____

--	--	--

A15. Your father's father? _____

--	--	--

A16. What was the first language you learned to speak?

- English
- Spanish
- Chinese
- Japanese
- Tagalog
- Vietnamese

- 1 GO TO A21.
- 2
- 3
- 4
- 5
- 7

OTHER (SPECIFY)

8

IF ENGLISH QUESTIONNAIRE, GO TO A18.

A17. Which of these choices best describes how well you speak English?

- Well
- Medium
- Little
- Not at all
- DK

- 1
- 2
- 3
- 4 GO TO A21.
- 9

A18. When you are speaking with your spouse or partner, how often do you speak English?
(SHOW CARD C)

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO SPOUSE/PARTNER	8

A19. When you are speaking with your children, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO CHILDREN	8

A20. When you are speaking with your friends, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5

A21. Which of the following religions were you born into? (SHOW CARD D, READ CHOICES)

Protestant	1
Catholic	2
Buddhist	3
Ashkenazi Jewish	4
Sephardic Jewish	5
Other or uncertain Jewish	6
Hindu	7
Eastern Orthodox	8
Muslim	9
Mormon	10
Seventh Day Adventist	11
None	12

OTHER (SPECIFY)

_____ 13

DK 99

A22. What religion was your mother born into?

--	--

OTHER (SPECIFY)

A23. Your mother's mother?

--	--

OTHER (SPECIFY)

A24. Your mother's father?

--	--

OTHER (SPECIFY)

A25. What religion was your father born into?

--	--

OTHER (SPECIFY)

A26. Your father's mother?

--	--

OTHER (SPECIFY)

A27. Your father's father?

--	--

OTHER (SPECIFY)

A28. What religion do you currently practice?

--	--

OTHER (SPECIFY)

SECTION B. MEDICAL HISTORY

The next section asks questions about some illnesses you may have had.

B1. Has a doctor ever told you that you had cancer, leukemia or a malignant tumor?

- YES 1
- NO 2 GO TO B9.
- DK 9 GO TO B9.

IF YES:

	CANCER #1	CANCER #2	CANCER #3
B2. What type of cancer did you have?	<input type="text"/>	<input type="text"/>	<input type="text"/>
B3. How old were you when this cancer was <u>first</u> diagnosed?	<input type="text"/> AGE	<input type="text"/> AGE	<input type="text"/> AGE
B4. In what year were you diagnosed with this cancer?	<input type="text"/>	<input type="text"/>	<input type="text"/>
B5. In what city and state were you diagnosed?			
B6. What is the name of the hospital or clinic where you were diagnosed?			
B7. What is the address of that hospital or clinic where you were diagnosed?			
B8. What is the name of the physician who made the diagnosis?			
PROBE FOR OTHER CANCERS			

B9. Has a doctor ever told you that you had benign prostatic hyperplasia, or BPH, which means an enlarged prostate?

YES	1
NO	2 GO TO B11.
DK	9 GO TO B11.

IF YES:

B10. How old were you when this was first diagnosed?

<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE
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B11. Has a doctor ever told you that you had gynecomastia which means enlarged breasts?

YES	1
NO	2 GO TO C1.
DK	9 GO TO C1.

IF YES:

B12. How old were you when this was first diagnosed?

<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE
----------------------	----------------------	----------------------	-----

B13. Have you ever had a breast completely removed?

YES	1
NO	2 GO TO C1.
DK	9 GO TO C1.

IF YES:

B14. Did you have your right or left breast removed?

RIGHT ONLY	1
LEFT ONLY	2
BOTH	3

B15. How old were you when you had your breast(s) removed?

RIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE
LEFT	<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE

SECTION C. HEIGHT AND WEIGHT

Now I have some questions about your height and weight.

C1. How tall are you?

FEET . INCHES

. CMS

C2. What is your current weight?

. LBS.

. KGS

SECTION D. ALCOHOL

Now I will be asking you about alcoholic beverages you may have consumed.

D1. Have you ever consumed any alcoholic beverages, such as beer, wine, or liquor at least once a week for 6 months or longer?

- YES 1
- NO 2 GO TO E1.
- DK 9 GO TO E1.

IF YES:

D2. At what age did you first start consuming alcoholic beverages at least once a week for 6 months or longer?

--	--	--

 AGE

D3. Are you currently consuming alcoholic beverages at least once a week?

- YES 1 GO TO D5.
- NO 2
- DK 9 GO TO D5.

IF NO:

D4. At what age did you stop consuming alcoholic beverages at least once a week?

--	--	--

 AGE

D5. For how many years in total did you consume alcoholic beverages at least once a week?

--	--	--

 YEARS

D6. When you consumed alcoholic beverages at least once a week, how many 12 oz. cans or bottles of beer did you usually have in a week?

--	--	--

D7. When you consumed alcoholic beverages at least once a week, how many medium glasses of wine or wine coolers did you usually have in a week?

--	--	--

D8. When you consumed alcoholic beverages at least once a week, how many shots of liquor did you usually have in a week?

--	--	--

SECTION E. SMOKING

Now I have some questions about cigarette smoking.

E1. Have you ever smoked at least 1 cigarette a day for 3 months or longer?

- YES 1
- NO 2 GO TO F1.
- DK 9 GO TO F1.

IF YES:

E2. At what age did you first start smoking at least 1 cigarette a day for 3 months or longer?

--	--	--

 AGE

E3. Are you currently smoking at least 1 cigarette a day?

- YES 1 GO TO E5.
- NO 2
- DK 9 GO TO E5.

IF NO:

E4. At what age did you stop smoking at least 1 cigarette a day?

--	--	--

 AGE

E5. For how many years in total did you smoke at least 1 cigarette a day?

--	--	--

 YEARS

E6. When you smoked at least 1 cigarette a day, how many cigarettes did you usually smoke in a day?

--	--	--

 CIGARETTES
PER DAY

SECTION F. RADIATION EXPOSURE

Now I have some questions about x-ray examinations and radiation treatments.

First I will ask you about x-ray examinations in the chest area.

F1. Have you ever had any of the following types of x-ray examinations?		IF YES: F2. How old were you when you <u>first</u> had this type of x-ray examination?	F3. In total, how many times have you had this type of x-ray examination?
X-ray examinations for heart catheterization	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
X-ray examinations for scoliosis	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Other intensive x-ray examinations of the chest area (SPECIFY) _____ _____	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>

The next questions are about x-ray examinations in the lower abdomen or pelvis.

F5. Have you ever had any of the following types of x-ray examinations?		IF YES: F5. How old were you when you <u>first</u> had this type of x-ray examination?	F6. In total, how many times have you had this type of x-ray examination?
Barium examination of the lower bowel	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
CT scan or x-ray examinations of the lower spine or pelvis	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Other intensive x-ray examinations of the lower abdomen or pelvis (SPECIFY) _____ _____	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>

Now I have some questions about radiation treatments that included the chest area. Please do not include radiation treatments you may have received for the treatment of breast cancer.

F7. Have you ever been treated with radiation for any of the following conditions?		<u>IF YES:</u> F8. How old were you when you were <u>first</u> treated with radiation for this condition?	F9. In total, how many times have you been treated with radiation for this condition?
Tuberculosis	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Cancer	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Acne	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Mastitis	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Enlarged thymus gland	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Hemangioma	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Other conditions in the chest area (SPECIFY) _____ _____	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>

The next questions are about radiation treatments that included the lower abdomen or pelvis.

F10. Have you ever been treated with radiation for any of the following conditions?		<u>IF YES:</u> F11. How old were you when you were <u>first</u> treated with radiation for this condition?	F12. In total, how many times have you been treated with radiation for this condition?
Cancer	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>
Other conditions in the lower abdomen or pelvis treated with radiation (SPECIFY) _____ _____	YES 1 → NO 2 DK 9	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/>

SECTION G. PHYSICAL ACTIVITY

The following questions are about your physical activity at various times in your life. I will ask about strenuous exercise and moderate exercise separately. To answer these questions, please estimate the average amount of time each week and the average number of months each year that you spent exercising.

First I'll ask you about strenuous exercise activities or sports, such as swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, or racquetball.

	G1. When you were between (AGE RANGE), how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	G2. How many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G1. When you were between (AGE RANGE), how many hours a week on average did you do strenuous exercise? (SHOW CARD G)	G2. How many months a year on average did you do strenuous exercise? (SHOW CARD H)
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G3. In the past 3 years, for how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	G4. In the past 3 years, for how many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
past 3 years	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

Now I will ask you about moderate exercise activities or sports, such as brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball.

	G5. When you were between (AGE RANGE), how many hours a week on average did you do moderate exercise? (SHOW CARD I)	G6. How many months a year on average did you do moderate exercise? (SHOW CARD J)
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G5. When you were between (AGE RANGE), how many hours a week on average did you do moderate exercise? (SHOW CARD I)	G6. How many months a year on average did you do moderate exercise? (SHOW CARD J)
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	G7. In the past 3 years, for how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	G8. In the past 3 years, for how many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
past 3 years	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

SECTION H. TWIN STATUS AND CANCER TRIALS

H1. Are you a twin?

YES	1
NO	2 GO TO H3.

IF YES:

H2. Non-identical twins are no more alike physically than ordinary brothers and sisters. Genetically identical twins, on the other hand, have a strong resemblance to each other in height, coloring, features of the face, etc. They look so much alike that people often mistake one for the other, especially during their childhood.

Do you think you and your twin are identical?

YES	1
NO	2
DK	9

H3. Are you, or have you ever been, a participant in a cancer prevention trial?

YES	1
NO	2 GO TO H5.

IF YES:

H4. What kind of cancer prevention trial was it?

Tamoxifen Trial	1
Dietary Trial	2
Other (SPECIFY) _____	3
DK	9

IF TAMOXIFEN TRIAL:

H4a. What month and year did you start the tamoxifen trial? _____
mm yr

H4b. What month and year did you stop the tamoxifen trial? _____
mm yr

H4c. Were you given Tamoxifen or a placebo drug?

Tamoxifen	1
Placebo	2
Don't know	9

H5. Are you participating in other research studies of familial cancer?

YES	1
NO	2 END
DK	9 END

IF YES:

H6. What study of familial cancer is that?

(SPECIFY) _____

END: Thank you very much for taking the time to complete this interview.

TIME INTERVIEW COMPLETED:

<input type="text"/>	<input type="text"/>	AM	1
HR	MIN	PM	2

INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS

- VERY GOOD 1
- GOOD 2
- FAIR 3
- POOR 4

2. THE OVERALL QUALITY OF THIS INTERVIEW IS

- HIGH QUALITY 1
- GENERALLY RELIABLE 2
- QUESTIONABLE 3
- UNSATISFACTORY 4

3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

- YES 1
- NO 2

IF YES:

DESCRIBE
