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Form ID

# Australasian Colorectal Cancer Family Study Female Proxy

This study is part of the Cooperative Family Registry for Colorectal Cancer Studies, and is funded by the National Institutes of Health (USA).

### Instructions

All questions where there is a choice or a numerical response require you to fill in the bubble. Numeric responses should also be written in the boxes above the columns of bubbles. For example, to indicate a response of 12 and a response of female the form would be filled in like the illustration to the right.

12

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

### Sex

Male

Female

Ideally, bubbles should be filled in completely but it is more important to keep marks inside the bubble as much as possible.

Text fields should be filled in using block capitals, taking care to keep the letters within the boxes:

E P I D E M I O L O G Y U N I T

### ID Number

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

### Mother's ID Number

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

### Interview Date

		<input type="radio"/> Jan	<input type="radio"/> 1998
		<input type="radio"/> Feb	<input type="radio"/> 1999
0	0	<input type="radio"/> Mar	<input type="radio"/> 2000
1	1	<input type="radio"/> Apr	<input type="radio"/> 2001
2	2	<input type="radio"/> May	<input type="radio"/> 2002
3	3	<input type="radio"/> Jun	<input type="radio"/> 2003
4	4	<input type="radio"/> Jul	<input type="radio"/> 2004
5	5	<input type="radio"/> Aug	<input type="radio"/> 2005
6	6	<input type="radio"/> Sep	<input type="radio"/> 2006
7	7	<input type="radio"/> Oct	<input type="radio"/> 2007
8	8	<input type="radio"/> Nov	<input type="radio"/> 2008
9	9	<input type="radio"/> Dec	<input type="radio"/> 2009

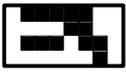
### Father's ID Number

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

### Spouse's ID Number

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

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Carlton VIC 3053



## A. Background Information

I would like to begin by asking you some questions about her background.

### A1. Is she alive or deceased?

- Alive  
 Deceased  
 Don't Know

How old is she? (Age at death if deceased)

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

years

- Don't Know

### A2. What is her date of birth?

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

Jan  
 Feb  
 Mar  
 Apr  
 May  
 Jun  
 Jul  
 Aug  
 Sep  
 Oct  
 Nov  
 Dec

Don't Know       Don't Know       Don't Know

If deceased, what was her date of death?

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

Jan  
 Feb  
 Mar  
 Apr  
 May  
 Jun  
 Jul  
 Aug  
 Sep  
 Oct  
 Nov  
 Dec

Don't Know       Don't Know       Don't Know

### A3. Is she a twin or a triplet?

- Yes, a twin  
 Yes, other multiple  
 No → A4.  
 Don't Know → A4.

### Does she have a genetically identical twin or triplet?

Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have such a strong resemblance to each other in stature, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.)

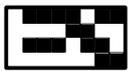
- Yes  
 No  
 Don't Know

### A4. Is she currently...

- Married  
 Separated  
 Divorced  
 Widowed  
 Never married  
 Living as married  
 Don't Know

### A5. What was the highest level of education that she completed?

- Primary school (some or all)  
 Secondary school - year 7 or year 8  
 Secondary school - year 9 or year 10  
 Secondary school - year 11 or year 12  
 Vocational training  
 University - did not graduate  
 University - graduated  
 Don't Know



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**A6. In which country was she born?**

- Australia
- Bangladesh
- Canada
- China
- Croatia
- Cyprus
- England
- Egypt
- Germany
- Greece
- Hungary
- India
- Ireland
- Italy
- Japan
- Malta
- Netherlands
- Northern Ireland
- New Zealand
- Philippines
- Poland
- Russia
- Scotland
- South Africa
- Sri Lanka
- USA
- Vietnam
- Wales
- Unknown, not Australia
- Unknown
- Other

Specify: \_\_\_\_\_

**A7. For how many years has she lived in Australia?**

years  Don't Know

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

**A8. In which suburb or town does she usually live?**

Postcode:

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

**A9. What is her ethnic background?**

(Mark as many as apply)

- Caucasian/White
- African American/Black
- Latino
- Japanese
- Chinese
- Filipino/Malay/Indonesian
- Korean
- South East Asian (except Chinese)
- South Asian
- Native American, Inuit
- Maori
- Micronesian
- Australian Aboriginal
- Melanesian
- Caribbean Black
- Central/South American
- Black African
- North African
- Middle Eastern
- Other
- Unknown

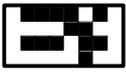
Specify: \_\_\_\_\_

**A10. In which religion was she born?**

(Religion and ethnicity sometimes affect disease risk. Scientists have found that some genetic traits are sometimes more or less common among people of different ethnic backgrounds. We would like to know if this is true for genes associated with colorectal cancer.)

- Protestant/Anglican
- Eastern Orthodox
- Catholic
- Muslim
- Buddhist
- Hindu
- Latter Day Saints/Mormon
- Seventh Day Adventist
- Sephardic Jewish
- Ashkenazi Jewish
- Other or uncertain Jewish
- None
- Other, specify below
- Don't Know

Specify: \_\_\_\_\_



# B. Cancer History

**B4.** Has a doctor ever told her that she had cancer, leukaemia or a malignant tumour?

- Yes
- No —————→ C2
- Don't Know —————→ C2

What type of cancer was her first cancer?


Was she treated with radiation therapy (radiotherapy) for her first cancer?

- Yes
- No
- Don't Know

What was her age when her doctor first told her she had her first cancer?

years  Don't Know

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

What type of cancer was her second cancer?


Was she treated with radiation therapy (radiotherapy) for her second cancer?

- Yes
- No
- Don't Know

What was her age when her doctor first told her she had her second cancer?

years  Don't Know

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

What type of cancer was her third cancer?

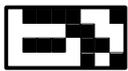

Was she treated with radiation therapy (radiotherapy) for her third cancer?

- Yes
- No
- Don't Know

What was her age when her doctor first told her she had her third cancer?

years  Don't Know

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



What type of cancer was her **fourth** cancer?


Was she treated with radiation therapy (radiotherapy) for her **fourth** cancer?

- Yes
- No
- Don't Know

What was her age when her doctor first told her she had her **fourth** cancer?

--	--

years

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

Don't Know

# C. Reproductive history and menopause

## C2. Pregnancies

**C2.a** Has she ever been pregnant?

- Yes
- No → C3.
- Don't Know → C3.

**C2.b** How many times has she been pregnant?  
 (Include all pregnancies including miscarriages, still births, tubal pregnancies and abortions)  
 (If currently pregnant exclude her current pregnancy)

--	--

number of pregnancies

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

if 0 go to C3.

Don't Know

**C2.d** How many of her pregnancies lasted 6 months or longer?

--	--

number of pregnancies

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

if 0 go to C3.

Don't Know

**C2.e** How many of her pregnancies resulted in live births?

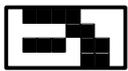
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number of pregnancies

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

if 0 go to C3.

Don't Know



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**C2.f** How old was she at her first live birth?

years

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

Don't Know

**C2.g** How old was she at her last live birth?

years

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

Don't Know

### C3. Contraceptive Use

**C3.a** Has she ever used birth control pills or other hormonal contraceptives (implants or injections) for at least one year?

- Yes
- No → C5.
- Don't Know → C5.

**C3.b** How old was she when she first used birth control pills or other hormonal contraceptives?

years

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

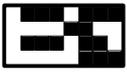
Don't Know

### C5. Hormone Replacement Therapy

*Doctors prescribe hormone replacement therapy for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention.*

**C5.a** Has she ever used a pill or patch form of hormone replacement therapy?  
(Menopausal symptoms include hot flashes, sweating and depression. Please do not include hormone therapy that was prescribed for birth control; hormone therapy delivered by injections, vaginal creams or vaginal suppositories.)

- Yes
- No
- Don't Know



## F. Alcohol Consumption

**F1.** Has she ever consumed any alcoholic beverages at least once a week for 6 months or longer?

- Yes
- No
- Don't Know

## G. Smoking

**G1.a** Has she ever smoked a cigarette a day for 3 months or longer ?

- Yes
- No
- Don't Know

## H. Height and Weight

*The next set of questions are about her height and weight*

**H1.** How tall is she currently without shoes on?

<input type="text"/> feet	<b>AND</b>	<input type="text"/> <input type="text"/> inches	<b>OR</b>	<input type="text"/> <input type="text"/> <input type="text"/> cm
<input type="radio"/> Don't Know		<input type="radio"/> Don't Know		<input type="radio"/> Don't Know

**H3.** What is her current weight ?

<input type="text"/> <input type="text"/> stone	<b>AND</b>	<input type="text"/> <input type="text"/> pounds	<b>OR</b>	<input type="text"/> <input type="text"/> <input type="text"/> kg
<input type="radio"/> Don't Know		<input type="radio"/> Don't Know		<input type="radio"/> Don't Know

