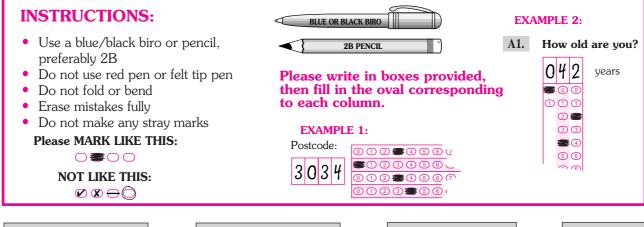
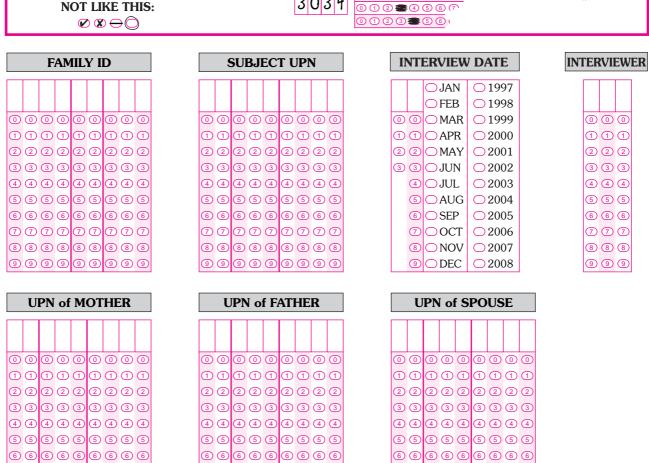


FEMALE QUESTIONNAIRE

This questionnaire is part of an Australian and New Zealand study of families with breast cancer. The study is funded by the Kathleen Cuningham Foundation and administered by the Peter MacCallum Cancer Institute, Melbourne.





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Please return questionnaire to: Cancer Epidemiology Centre Anti-Cancer Council of Victoria 1 Rathdowne St Carlton South VIC 3052

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A. Background Information

A3.

you completed?

What was the highest level of education that

The first section asks some questions about your background.

A1.

How old are you?

years

	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				SecondSecondSecondVocatiobusinUnivers	ary school - y ary school - y nal training (e less college, r ity - did not g ity - graduate	ear 7 or year 8 ear 9 or year 9 ear 11 or year e.g. technical on nursing) raduate	10 · 12
	⑨ ⑨ O Don't know			A4.	Are you cı	urrently	?	
A2.	What is your da	ate of birth	?		MarriedWidowe	ed	Living as nSeparated	
	○ JAN ○ FEB				Never n	narried	DivorcedDon't kno	w
	(1) (1) (APR ()	1× 0 0 1× 1 1		A5.	In which s	uburb or to	wn do you u	sually live?
	2 2 MAY O	3 3					,	y · - ·
	4 JUL 5 AUG	4 4 5 5						
	6 SEP	66						
	7 OCT	77			Postcode:			
	® ○ NOV	88			r osicode:	_	4 5 6 7 8	
	⑨ ○ DEC	9 9					4 5 6 7 8	
								<u> </u>
	O Don't know d					_	4 5 6 7 8	
	Don't know n	nonth				0123	45678	
		nonth			O Don't k	0123		
A6.	Don't know n	nonth ear	ı, your paren	nts and your g		0 1 2 3 now		
A6.	Don't know nDon't know y	nonth ear	_	Your	grandparents Your	① ① ② ③ now s born?	Your	(9) Your
A6.	Don't know nDon't know y	nonth ear	i , your pare n Your mother		grandparents	0 1 2 3 now	45678	9
A6.	Don't know nDon't know yIn which counts	nonth ear ry were you You	Your mother	Your mother's mother	grandparents Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father
A6.	Don't know nDon't know y	nonth ear ry were you	Your	Your mother's	grandparents Your mother's	0 1 2 3 now s born? Your	Your father's	Your father's
A6.	O Don't know n O Don't know y In which countr Australia New Zealand	nonth ear ry were you You	Your mother	Your mother's mother	grandparents Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father
A6.	Don't know nDon't know yIn which counts	nonth ear ry were you You	Your mother	Your mother's mother	Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father
A6.	O Don't know n O Don't know y In which counts Australia New Zealand England	you	Your mother	Your mother's mother	Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father
A6.	O Don't know n O Don't know y In which counts Australia New Zealand Lingland Scotland	You	Your mother	Your mother's mother	Your mother's father	oo	Your father's mother	Your father's father
A6.	O Don't know n O Don't know y In which countr Australia New Zealand England Scotland Ireland	You O O O O O O O O O O O O O O O O O O O	Your mother	Your mother's mother	Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father
A6.	O Don't know n O Don't know y In which countr Australia New Zealand Lingland Scotland Ireland Germany	You	Your mother	Your mother's mother O	Your mother's father	o o 2 o o o o o o o o o o o o o o o o o	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know n O Don't know y In which countr Australia New Zealand England Scotland Ireland Germany Netherlands	You O O O O O O O O O O O O O O O O O O O	Your mother	Your mother's mother O O O O O O O O O O O O O O O O O O	Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know n O Don't know y In which countr Australia New Zealand Lingland Scotland Ireland Germany Netherlands Italy	You O O O O O O O O O O O O O O O O O O O	Your mother	Your mother's mother O O O O O O O O O O O O O O O O O O	your mother's father	o o 2 o o o o o o o o o o o o o o o o o	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know n O Don't know y In which countr Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland	You O O O O O O O O O O O O O O O O O O O	Your mother	Your mother's mother O O O O O O O O O O O O O O O O O O	grandparents Your mother's father	o o 2 o o o o o o o o o o o o o o o o o	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know no Don't know y In which country Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia	You O O O O O O O O O O O O O O O O O O O	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother O O O O O O O O O O O O O O O O O O	your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know no Don't know y In which country Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece	You O O O O O O O O O O O O O O O O O O O	Your mother	Your mother's mother of the control	Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know no Don't know y In which country Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta	You OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Your mother	Your mother's mother O O O O O O O O O O O O O O O O O O	grandparents Your mother's father	o 1 2 3 now S born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know n O Don't know y In which countr Australia New Zealand Lingland Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta South Africa	You OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother O O O O O O O O O O O O O O O O O O	your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know no Don't know y In which country Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta South Africa India	You You O O O O O O O O O O O O O O O O O O	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother O O O O O O O O O O O O O O O O O O	your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know n O Don't know y In which countr Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta South Africa India Sri Lanka	You OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother of the control	grandparents Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know no Don't know y In which country Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta South Africa India Sri Lanka Vietnam	You OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother of the control	grandparents Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know no Don't know y In which country Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta South Africa India Sri Lanka Vietnam Philippines	You OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother of the control	grandparents Your mother's father	o 1 2 3 now s born? Your father	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O
A6.	O Don't know n O Don't know y In which countr Australia New Zealand England Scotland Ireland Germany Netherlands Italy Poland Croatia Greece Malta South Africa India Sri Lanka Vietnam Philippines China	You You O O O O O O O O O O O O O O O O O O	Your mother O O O O O O O O O O O O O O O O O O	Your mother's mother of the control	grandparents Your mother's father	o 1 2 3 now Soborn? Your father O O O O O O O O O O O O O O O O O O	Your father's mother	Your father's father O O O O O O O O O O O O O O O O O O

2

If you were born in Australia go to question A8. A7. For how many years have you lived in Australia? 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 ODon't know **A8.** In which religion were you, your parents and your grandparents born? Your Your Your Your Your mother's mother's father's father's You mother mother father mother father Protestant/Anglican O Eastern Orthodox 0 \bigcirc 0 0 0 \bigcirc \bigcirc \bigcirc 0 \bigcirc 0 \bigcirc 0 \bigcirc Catholic Muslim \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Buddhist \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Hindu \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc er Der Schale Me \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Seventh day Adventist \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Sephardic Jewish \bigcirc \bigcirc \bigcirc \bigcirc Ashkenazi Jewish \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 0 \bigcirc 0 \bigcirc \bigcirc 0 \bigcirc None \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Don't know Other, specify below \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc A9. Which religion do you currently practice? Protestant/Anglican Seventh Day Adventist Eastern Orthodox Sephardic Jewish Catholic Ashkenazi Jewish Muslim Other or uncertain Jewish None Buddhist Hindu On't know Latter Day Saints/Mormon Other, specify

A10.	What is your e	ethnic background?	(Fill in	as many as apply)
------	----------------	--------------------	----------	-------------------

White/Caucasian	○ Indian
 Aboriginal/Torres Strait Islander 	Pakistani
Sri Lankan	○ Korean
Pacific Islander	○ Maori
Chinese	○ Thai
Japanese	Indonesian
Malaysian	Cambodian
Vietnamese	O Don't know
Filipino	Other, specify

B. Medical History

B5.

Has a doctor ever told you that you had

BENIGN BREAST DISEASE, such as a NON-

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

Has a doctor ever told you that you had

cancer, leukaemia or a malignant tumour?

B1.

No (Go to question B5.) Don't know Regular	■ ○ Yes	CANCEROUS CYST or a BREAST LUMP?
### B2. What was the type of cancer and your age when this was FIRST diagnosed? First cancer	■ No (Go to question B5.)	○ No
Age Don't know Second cancer Age Don't know Second cancer Age Don't know B7. Has a doctor ever told you that you had DIABETES? Yes (see below) No Don't know B7. Has a doctor ever told you that you had DIABETES? Yes (see below) No Don't know B7. Has a doctor ever told you that you had DIABETES? Yes (see below) No Don't know Age when Don't know Don't know Age when Don't know Age when Don't know B4. Have you had a diagnosis of cancer in your other breast? Yes (see below) No Don't know Age when Don't know Don't know Age when Don't know Don't know Don't know Don't know Don't know Age when Don't know Age when Don't know Don't know Age when Don't know Don't know Don't know Don't know Age when Don't know Age when Don't know Don't know Don't know Age when Don't know Don't know	, <u>,</u>	Age when 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
Second cancer Age	Age 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	CYSTS IN ONE OR BOTH OVARIES?Yes (see below)No
Third cancer Age	Age 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	first diagnosed: Don't know B7. Has a doctor ever told you that you had
If breast cancer was not reported, go to question B5. B3. Which breast was affected? Right Left Both Don't know B4. Have you had a diagnosis of cancer in your other breast? Yes (see below) No Don't know Age when first diagnosed:	Age 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	 ○ No ○ Don't know Age when first diagnosed: ○ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ○ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 □ Left □ Both □ Don't know B4. Have you had a diagnosis of cancer in your other breast? ○ Yes (see below) ○ No ○ Don't know Age when first diagnosed: □ 1 2 3 4 5 6 7 8 9 □ 1 2 3 4 5 6 7 8 9 	question B5.	
in your other breast? Yes (see below) No Don't know Age when first diagnosed: 0 1 2 3 4 5 6 7 8 9	LeftBoth	
 ○ No ○ Don't know Age when		
first diagnosed: 0 1 2 3 4 5 6 7 8 9	■ O No	
	■ first diagnosed: 0 1 2 3 4 5 6 7 8 9	

C. Surgery and Mammograms

The next section asks questions about surgery and mammograms.

C1.	Have you ever had a breast completely removed?	C5.	What is your usual bra size?
	 Yes, the right breast Age when removed 0 1 2 3 4 5 6 7 8 9 Don't know 		6 8 10 12 14 16 18 20 22 24 A B C D 10 E F G Don't know
	Yes, the left breast Age when removed 0 1 2 3 4 5 6 7 8 9 O Don't know	C6.	Have you ever had a mammogram (X-ray examination of the breasts)? Yes No (Go to question D1.) Don't know (Go to question D1.)
C2.	 No Don't know Have you ever had a BREAST BIOPSY or LUMPECTOMY that was diagnosed as cancer? By BREAST BIOPSY we mean breast tissue removed by surgery but excluding fine needle biopsy.	C7.	When and where did you have your last mammogram? JAN FEB MAR APR APR APR APR APR APR APR APR APR A
fii	 Yes (see below) No Don't know Age when		2 2 MAY 2 2 2 3 3 3 JUN 3 3 3 4 4 4 4 5 AUG 5 6 6 6 7 OCT 7 7 8 NOV 8 8 8
C3.	Have you ever had a BREAST BIOPSY for BENIGN BREAST DISEASE, such as a NON-CANCEROUS CYST or a BREAST LUMP? By BREAST BIOPSY we mean breast tissue removed by surgery but excluding fine needle biopsy.		 Dec Don't know day Don't know month Don't know year
	Yes (see below)NoDon't know		Address:
fi	Age when 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 O Don't know	C8.	How many mammograms have you had?
C4.	Have you ever had one or both ovaries removed? If your ovaries were removed at different times, please give your age at the most recent operation. Yes, one ovary		ammograms: 0123456789 0123466789 O Don't know
	Age when removed: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 On't know		
	✓ Yes, both ovariesAge when removed:✓ ① ① ② ③ ④ ⑤ ⑦ ⑧ ⑨O ① ② ③ ④ ⑤ ⑦ ⑧ ⑨O Don't know		
	○ No		

O Don't know

D. Height and Weight

The ne	xt section asks	about your height a	nd weight.		
D1. He	ow tall are you wi	thout shoes on?	D3.	What was your w	eight one year ago?
feet	inches 4 0 7 6 8 2 9 3 10 4 11 6 6	OR cms 0 0 0 0 0 1 1 1 1 2 2 2 2 3 3 4 4 6 6 6 7 7 6 8 8 9 9 9	stor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR kilos 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
C	Don't know			O Don't know	
D2. W	hat is your curren	t weight?	D4.	What was your w between 18 and 2	eight when you were 21 years old?
1 2 3	pounds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR kilos 0 0 0 0 0 1 1 1 2 2 2 2 3 3 4 4 6 6 6 7 7 6 8 8 9 9	stor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR kilos 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Don't know			O Don't know	
The nex	xt section asks	questions about cig	moking		smoked.
sn		a time when you cigarette per day longer?	E4.	Over the time wh REGULARLY, how smoke in a day?	en you smoked v many cigarettes did
C	Yes No (Go to questio Don't know (Go to		C	Cigarettes per day: O Don't k	0 1 2 3 4 5 6 7 8 0 1 2 3 4 5 6 7 8 0 1 2 3 4 5 6 7 8 now

E2.	At what age did you FIRST start smoking cigarettes REGULARLY (that is, at least one cigarette per day for three months

Years:	- 1	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
	_	't know

For how many years in total had you smoked cigarettes REGULARLY?

or longer)?

Total years:			0 1 2 3 4 5 6 7 8 9
Total years.			0 1 2 3 4 5 6 7 8 9
	$\overline{\bigcirc}$	On	't know

E4.	Over the time when you smoked
	REGULARLY, how many cigarettes did you
	smoke in a day?

Cigarettes per day:		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
		0 1 2 3 4 5 6 7 8 9
,	Dan't	Irmorri

E5. Are you currently smoking REGULARLY?

- Yes O No (see below) On't know
- 0 1 2 3 4 5 6 7 8 9 Age stopped 0 1 2 3 4 5 6 7 8 9 smoking regularly: O Don't know

E6. Over the last year, on average how many cigarettes have you usually smoked in a day?

Cigarettes per day:				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
	\bigcirc	Do	on'	t know

F. Alcohol

The next section asks about alcoholic beverages that you may have consumed.

YesNo (Go to quDon't know ()		iger:		Total y			123 123 know		
At what age did alcoholic bevera		F4.	_	ou con E A WE	suming EEK?	alcoho	1 AT LE	AST			
Years: O Do		3 4 5					es o (see bo on't kno				
						Age sto	nking:		1 2 3 1 2 3 8now		
During the peri	iod when	you dra	ank AT	LEAST	ONCE	PER WE	EEK, ho	w often	did yo	u drink	(type)
STANDARE DRINKS		Less than once a month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	≥6 per day	Don't know
	Never	than once a		per	per	per	per	per	per	per	
DRINKS	Never	than once a month	per month	per week	per week	per week	per day	per day	per day	per day	know
DRINKS Light beer	Never	than once a month	per month	per week	per week	per week	per day	per day	per day	per day	know
DRINKS Light beer Beer	Never	than once a month	per month	per week	per week	per week	per day	per day	per day	per day	know
DRINKS Light beer Beer Wine Spirits	Never	than once a month	per month	per week	per week	per week	per day	per day	per day	per day	know
DRINKS Light beer Beer Wine Spirits Over the previo	Never	than once a month onths, l	per month	per week	per week	per week	per day	per day	per day	per day o o ≥6 per	know
DRINKS Light beer Beer Wine Spirits Over the previous STANDARE DRINKS	Never Ous 12 m Never	than once a month onths, I Less than once a month	per month o now ofte	per week	per week	per week	per day	per day	per day	per day ○ ○ ○ ○ ○ ○ ○ ≥6 per day	know O O Don't know
DRINKS Light beer Beer Wine Spirits Over the previous STANDARE DRINKS Light beer	Never Never Never	onths, l	per month O O Thow ofter 1-3 per month	per week	per week	per week	per day O O Per day O O O O O O O O O O O O O	per day 2-3 per day	per day	per day ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	know O O O Don't know

G. Reproductive History

This section deals with menstruation, pregnancies and the use of contraceptives.

G1. Have you ever had a menstrual period?	G7. Have you ever had a full term pregnancy?
Yes (See below) No Don't know	YesNo (Go to question H1.)Don't know (Go to question H1.)
Age at first menstrual period: Don't know G2. Has a doctor ever told you that you had	If never taken birth control pills go to question H1.
primary amenorrhea (failure of menstrual period to start naturally)? Yes (See below) No Don't know	G8. In total, for how many weeks, months or years did you take birth control pills before your first full-term pregnancy?
Age when first diagnosed: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 O 2 3 4 5 6 7 8 9	○ Weeks ○ 0 1 2 3 4 5 6 7 8 9 ○ Month ○ 0 1 2 3 4 5 6 7 8 9 ○ Years ○ Don't know
G3. Have you ever used birth control pills or other hormonal contraceptives (implants or injections)? Yes (See below) No (Go to question G6.) Don't know (Go to question G6.)	G9. Was this during one continuous time span? Yes No Don't know
Age when first used birth control pills: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 On't know	
G4. Are you currently taking birth control pills or hormones? Yes (See below) No (See below) Don't know Age when last took birth control pills: Don't know	
G5. In total, for how many weeks, months or years had you taken birth control pills or hormones? Weeks O123456789 Months O123456789 Don't know	
G6. Have you ever been pregnant? Yes No (Go to question J1.) Don't know (Go to question J1.)	

H. Pregnancy History

This section asks about all the pregnancies you have had, including all livebirths, stillbirths, miscarriages and other outcomes.

H1. On what date did your (first/next) pregnancy end?	H2. What was the outcome of this pregnancy?	H3. Taking 40 weeks as the usual length, how long was this pregnancy?	H4. IF LIVEBIRTH OR STILLBIRTH. What was the sex of the child(ren)?	H5. IF LIVEBIRTH. Did you breastfeed the child(ren)?	H6. IF BREASTFED. For how many weeks or months did you breastfeed the child(ren)?
JAN FEB MAR MAR MAR MAR MAR MAR MAR MAR MAR MA	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks ① ① ① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑥ ⑧ ③ ⑨ Don't know	Number of male(s) ① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤ Don't know	YesNoDon't know	0 0
JAN FEB 0 0 MAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 5 6 6 6 7 7 8 8 9 9	Number of male(s) ① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑥ Don't know	○ Yes ○ No ○ Don't know	① ① ○ Week(s) ① ① O Month(s) ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑥ ⑧ ⑧ ⑨ ⑨ ○ Don't know
JAN	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 5 6 6 6 7 7 8 8 9 9	Number of male(s) ① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤ Don't know	YesNoDon't know	① ① ○ Week(s) ① ① O Month(s) ② ② ③ ③ ④ ④ ④ ⑤ ⑥ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨ ○ Don't know

	H1. On what date did your (first/next) pregnancy end?	H2. What was the outcome of this pregnancy?	H3. Taking 40 weeks as the usual length, how long was this pregnancy?	H4. IF LIVEBIRTH OR STILLBIRTH. What was the sex of the child(ren)?	H5. IF LIVEBIRTH. Did you breastfeed the child(ren)?	H6. IF BREASTFED. For how many weeks or months did you breastfeed the child(ren)?
FEB	FEB	 Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage 	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤	○ No	3 3 4 4 5 5 6 6 7 7
		 Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage 	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤	○ No	3 3 4 4 5 5 6 6 7 7 8 8
FEB	FEB	 Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage 	0 1 2 3 4 6 6 6 7 8 9	① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤	○ No	3 3 4 4 5 5 6 6 7 7 8 8
Don't know month	FEB	 Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage 	0 1 2 3 4 6 6 6 7 8 9	① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤	○ No	3 3 4 4 5 5 6 6 7 7

H1.	H2.	Н3.	H4.	Н5.	Н6.
On what date did your (first/next) pregnancy end?	What was the outcome of this pregnancy?	Taking 40 weeks as the usual length, how long was this pregnancy?	IF LIVEBIRTH OR STILLBIRTH. What was the sex of the child(ren)?	IF LIVEBIRTH. Did you breastfeed the child(ren)?	IF BREASTFED. For how many weeks or months did you breastfeed the child(ren)?
JAN FEB MAR MAR MAR MAR MAR MAR MAR MAR MAR MA	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 6 5 6 6 7 7 8 8 9 0 Don't know	Number of male(s) ① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑤ O Don't know	○ Yes ○ No ○ Don't know	0 0 Week(s) 1 1 Month(s) 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9
JAN	Currently pregnant Single live birth Ectopic pregnancy Induced termination Multiple birth Stillbirth Miscarriage Don't know	Weeks 0 0 1 1 2 2 3 3 4 4 6 5 6 6 7 7 8 8 9 9	Number of male(s) ① ① ② ③ ④ ⑤ Number of female(s) ① ① ② ③ ④ ⑥ Don't know	○ Yes ○ No ○ Don't know	0 0 Week(s) 1 1 Month(s) 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9
Pregnancies:	6NANCIES have you 0 1 2 3 4 5 6 7 0 1 2 3 4 5 6 7 1't know	8 9	child was bor Years of age:	n?	ur LAST (live) 4 5 6 7 8 9 4 5 6 7 8 9
H8. How many LIVE Live births:	BIRTHS have you h	8 9	month or mon		child for one
H9. How old were you child was born? Years of age:	0 1 2 3 4 6 6 7 ou when your FIRST 0 1 2 3 4 6 6 7 0 1 2 3 4 6 6 7 ou tknow	(live)	○ No ○ Don't know	,	

J. Menopause and Hormone Replacement Therapy

The next section asks questions about menopause and hormone replacement therapy.

J1.	How long ago was your last period?	J6.	Were you still having periods when you
	○ Weeks ○ 123456789 ○ Months		first took oestrogens, progesterone or other female hormones?
	0 1 2 3 4 5 6 7 8 9		○ Yes
	Never had a period (Go to question J5.)Don't know		○ No○ Don't know
		J7.	Are you currently taking oestrogens,
J2.	Have your menstrual periods stopped	07.	progesterone or other female hormones?
	for ONE YEAR OR MORE? Please do not		○ Yes
	include times when your period stopped when you were pregnant, breast feeding		○ No (See below)
	or due to serious illness (eg. anorexia)		O Don't know
	or strenuous exercise.	А	ge when <i>last</i> 0 1 2 3 4 5 6 7 8 9
	○ Yes (See below)		0 1 2 3 4 5 6 7 8 9
	O No (Go to question J5.)		O Don't know
	On't know	J8	In total for how many weeks, months
per	Age when		or years did you take oestrogens, progesterone or other female hormones?
1	O Don't know		○ Weeks
			0 1 2 3 4 5 6 7 8 9
J3.	Why did your menstrual periods stop?		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	 Natural menopause (that is, periods stopped 		C Don't know
	by themselves) (Go to question J5.)	J9.	Have you ever taken a drug for infertility
	Surgery or other medical treatment	0).	(that is, to try to become pregnant) or
	On't know (Go to question J5.)		because your periods stopped?
			○ Yes (See below.)
J4.	What surgery or other medical treatment		O No (Go to question J13.)
	did you receive that made your periods		O Don't know (Go to question J13.)
	stop? (Fill in as many as apply)		Age when
	 Hysterectomy (uterus or womb removed) 		first started 0 1 2 3 4 5 6 7 8 9
	Both ovaries removed	•	this drug: 0 1 2 3 4 5 6 7 8 9
	Radiation or chemotherapyDon't know		O Don't know
	Other (specify)	T10	TT (1 1 9 16 6 (19)
		J10.	Was the drug prescribed for infertility as part of GIFT (gamete intra-fallopian
			transfer) or IVF (in vitro fertilisation)
J5.	Have you ever taken oestrogens,		treatment?
	progesterone or other female hormones		○ Yes
	for menopause? The preparation may be pills, injections, skin patches, vaginal		○ No
	creams or vaginal suppositories. This		O Don't know
	question does not include oral contraceptive		
	(birth control) pills.	J11.	In total for how many weeks, months or
	Yes (See below)		years did you take this type of drug?
	O No (Go to question J9.)		O Weeks
	On't know (Go to question J9.)		0 1 2 3 4 5 6 7 8 9
Ad	ge when first 0 1 2 3 4 5 6 7 8 9		O Don't know
	k hormones: 0 1 2 3 4 5 6 7 8 9		
	O Don't know		

 Clomid Pergonal Serophene hCG Don't know Other (specify) 		J15. In total for how many weeks, months or years have you taken Tamoxifen? O We O O O O O O O O O O O O O O O O O O	eks nths
11151 1008	5.)	 Yes No (Go to question K1.) Don't know (Go to question K1.) J17. Was the cancer prevention trial? A Tamoxifen trial A dietary trial Other (specify) 	
4. Are you currently taking (Women in a randomised know whether they are u Yes No (See below.) Don't know (Go to ques	l trial will not ising the drug.)	O Don't know	
Age when last took	3456789 3456789 K. Radiation rays and radiation tre		
Age when last took Tamoxifen: Don't know	3466789 K. Radiation rays and radiation tre		1?
Age when last took Tamoxifen: Don't know	3466789 K. Radiation rays and radiation tre	Acray examinations that included the chest area inations: Age at first x-ray examination: B B 7 B B D 1 2 3 4 5 6 7 B 5	D
Age when last took Tamoxifen: Don't know his section asks about x- Have you ever had any of X-rays for heart	K. Radiation rays and radiation tre of the following types of X Number of x-ray exam 0 1 2 3 4 0 1 2 3 4	Age at first x-ray examinations: Don't know Age at first x-ray examination: Age at first x-ray examination: Don't know Age at first x-ray examination: O 1 2 3 4 5 6 7 8 6 Don't know Age at first x-ray examination:	

○ Barium examination	Number of x-ray examinations: 0 1 2 3 4 6 6 7 8 9	Age at <i>first</i> x-ray examination:
of lower bowel	① ① ② ③ ④ ⑤ ⑦ ⑧ ⑨ ○ Don't know	① ① ② ③ ④ ⑤ ⑦ ⑥ ② ③ ④ ⑥ ⑦ ⑥
	Number of x-ray examinations:	Age at <i>first</i> x-ray examination:
 CT scan or X-rays of the lower spine or pelvis 	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 O Don't know	0 1 2 3 4 5 6 7 6 0 1 2 3 4 5 6 7 6 O Don't know
	Number of x-ray examinations:	Age at first x-ray examination:
Other intensive X-rays of the lower abdomen or pelvis (specify):	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 O Don't know	0 1 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0 O Don't know
NoneDon't know		
Have you ever been TREATE conditions?	D with radiation that included the	·
 Tuberculosis 	Number of treatments: 0 1 2 3 4 5 6 7 8 9	Age at <i>first</i> treatment:
Tuociculosis	① ① ② ③ ④ ⑤ ⑦ ⑧ ⑨ ○ Don't know	① ① ② ③ ④ ⑤ ⑦ ③ O Don't know
	Number of treatments:	Age at first treatment:
○ Cancer	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 O Don't know	0 0 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0
	Number of treatments:	Age at first treatment:
○ Acne	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 O Don't know	0 1 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0 O Don't know
	Number of treatments:	Age at first treatment:
	0 1 2 3 4 5 6 7 8 9	012345670
Mastitis		
○ Mastitis	① ① ② ③ ④ ⑤ ⑦ ⑧ ⑨ ○ Don't know	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
○ Mastitis		
MastitisEnlarged thymus gland	O Don't know	O Don't know
	Don't know Number of treatments: 0 0 2 3 4 5 6 7 8 9 0 0 2 3 4 5 6 7 8 9	Don't know Age at first treatment: 0 0 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0
	Don't know Number of treatments: 0 1 2 3 4 5 6 7 8 9 0 0 2 3 4 5 6 7 8 9 Don't know	O Don't know Age at first treatment: O 1 2 3 4 5 6 7 0 O Don't know
○ Enlarged thymus gland	Don't know Number of treatments: 0 0 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know Number of treatments: 0 0 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	Don't know Age at first treatment: 0 1 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0 Don't know Age at first treatment: 0 1 2 3 4 5 6 7 0 0 1 2 3 4 5 6 7 0

K4.	Have you ever been TREAT the following conditions?	ED with radiation that included the	lower abdomen or pelvis for any of
	Cancer	Number of treatments: 0 0 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know	Age at first treatment: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know
	 Bleeding from the uterus or womb 	Number of treatments: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know	Age at first treatment: 0 0 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know
	Growth on the uterus or womb	Number of treatments: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know	Age at first treatment: 0 0 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know
	Other (specify):	Number of treatments: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 Don't know	Age at <i>first</i> treatment: 0 0 2 3 4 5 6 7 8 9 Don't know
K5.	○ No	er research studies of familial cancer,	
	L. I	win and Other Quest	lons
L1.	Are you a twin? Yes No (Go to question L4.) Don't know		
L2.	on the other hand, look so in stature, colouring, featur	nore alike than ordinary brothers and much alike (that is, they have such a s es of the face, etc.) that people often hood. Do you think that you and you	strong resemblance to each other mistake one for the other,
	○ No ○ Don't know		
L3.		he Australian NHMRC Twin Registry?	

The following are questions about your physical activity at various times in your life. To answer these questions, please estimate the average amount of TIME EACH WEEK and the average number of MONTHS EACH YEAR that you spent in these activities.

L4. How often did you participate in STRENUOUS exercise activities or sports (for example, hockey, swimming laps, squash, gymnastics, jogging, basketball, netball, aerobics or cycling on hills)?

AGES		Average hours /week									Average months /year			
AGLS	0	0.5	1	1.5	2	3	4-6	7-10	≥11	1-3	4-6	7-9	10-12	know
between 12 ≿ 17											0			
between 18 & 24	\circ								0	\circ	0	0		0
between 25 & 34										\circ				\circ
between 35 & 44	\circ								0	\circ	0	0		
between 15 & 54														
55 & over	\circ								0	\circ	0	0		0
Post B years										\bigcirc				

^{*} If you have been diagnosed with cancer in the past three years, please answer the question for the three years prior to the cancer diagnosis.

L5. How often did you participate in MODERATE exercise activities or sports (for example, brisk walking, golf, cycling on level streets or recreational tennis)?

AGES	Average hours /week									Average months /year				Don't
AGES	0	0.5	1	1.5	2	3	4-6	7-10	≥11	1-3	4-6	7-9	10-12	know
between 12 № 17									0		0			
between 18 & 24	\circ								0	0	0	0		
between 25 & 34														
between 35 & 44	\circ									\circ	0	0		
between 45 & 54														
55 & over	\circ									\circ	\circ	0		\circ
Post 3 years														

^{*} If you have been diagnosed with cancer in the past three years, please answer the question for the three years prior to the cancer diagnosis.

Do you have any comments, or information that you think we should have asked about?					

Thank you for your co-operation.

We may wish to get in touch with you again sometime in the future.

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How was this interview conducted?	Was the interview conducted with an interpreter?
O Face to face	O Yes
Mailed self-completed questionnaire	\bigcirc $N_{()}$
O Telephone	
Other (specify)	Interview Length (min)
	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