

A. Background Information

The first section asks some questions about his background.

A1. Is he alive or deceased?

- ☐ Alive
- ☐ Deceased
- ☐ Don't Know

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

 years

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

- ☐ Don't know

A2. What is his date of birth?

☐ JAN
☐ FEB
☐ MAR
☐ APR
☐ MAY
☐ JUN
☐ JUL
☐ AUG
☐ SEP
☐ OCT
☐ NOV
☐ DEC

- ☐ Don't know day
- ☐ Don't know month
- ☐ Don't know year

If deceased, what was his date of death?

☐ JAN
☐ FEB
☐ MAR
☐ APR
☐ MAY
☐ JUN
☐ JUL
☐ AUG
☐ SEP
☐ OCT
☐ NOV
☐ DEC

- ☐ Don't know day
- ☐ Don't know month
- ☐ Don't know year

A3. What was the highest level of education that he 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 (e.g. technical college, business college, nursing)
- ☐ University - did not graduate
- ☐ University - graduated
- ☐ Don't know

A4. Is he currently . . . ?

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

A5. In which suburb or town does he usually live?

Postcode:

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

- ☐ Don't know

A6. In which country was he, his parents and his grandparents born?

	He	His mother	His mother's mother	His mother's father	His father	His father's mother	His father's father
Australia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
England	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scotland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
India	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philippines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If he was born in Australia go to question A8.

A7. For how many years has he 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

☐ Don't know

A8. In which religion was he, his parents and his grandparents born?

	He	His mother	His mother's mother	His mother's father	His father	His father's mother	His father's father
Protestant /Anglican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Orthodox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little Day S. & S. M. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seventh day Adventist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sephardic Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashkenazi Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other or none of these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A9.

Which religion does he currently practice?

☐ Protestant/Anglican

☐ Eastern Orthodox

☐ Catholic

☐ Muslim

☐ Buddhist

☐ Hindu

☐ Latter Day Saints/Mormon

☐ Seventh Day Adventist

☐ Sephardic Jewish

☐ Ashkenazi Jewish

☐ Other or uncertain Jewish

☐ None

☐ Don't know

☐ Other, specify
- A10.

What is his ethnic background? (Fill in as many as apply)

☐ White/Caucasian

☐ Aboriginal/Torres Strait Islander

☐ Sri Lankan

☐ Pacific Islander

☐ Chinese

☐ Japanese

☐ Malaysian

☐ Vietnamese

☐ Filipino

☐ Indian

☐ Pakistani

☐ Korean

☐ Maori

☐ Thai

☐ Indonesian

☐ Cambodian

☐ Don't know

☐ Other, specify

B. Medical History

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

B1. Has a doctor ever told him that he had cancer, leukaemia or a malignant tumour?

- ☐ Yes

☐ No (Go to question C1.)

☐ Don't know (Go to question C1.)

If breast cancer was not reported, go to question C1.

B2. What was the type of cancer and his age when this was FIRST diagnosed?

First cancer

Age

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

B3. Which breast was affected?

- ☐ Right

☐ Left

☐ Both

☐ Don't know

Second cancer

Age

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

B4. Has he had a diagnosis of cancer in his other breast?

- ☐ Yes (see below)

☐ No

☐ Don't know

Age when first diagnosed:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

Third cancer

Age

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

C. Surgery

The next section asks a question about surgery.

C1. Has he ever had a breast completely removed?

☐ Yes, the right breast

Age when removed

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ Yes, the left breast

Age when removed

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ No

☐ Don't know

D. Height and Weight

The next section asks about his height and weight.

D1. How tall is he without shoes on?

feet

4

5

6

7

inches

0

7

1

8

2

9

3

10

4

11

5

6

OR

cms

0

0

0

1

1

1

2

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

☐ Don't know

D2. What is his current weight?

stones

0

0

1

1

2

2

3

3

4

4

5

6

7

8

9

pounds

0

10

1

11

2

12

3

13

4

5

6

7

8

9

OR

kilos

0

0

0

1

1

1

2

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

☐ Don't know

E. Smoking

The next section asks a question about cigarettes he may have smoked.

E1. Has there ever been a time when he smoked at least one cigarette per day for three months or longer?

☐ Yes

☐ No

☐ Don't know

F. Alcohol

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

F1. Has he ever consumed any alcoholic beverages, such as beer, wine or spirits, at least once a week for six months or longer?

- [illegible]

L. Twin and Other Questions

L1. Is he a twin?

- SECRET

L2. 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. Do you think that he and his twin are genetically identical?

- 15 JANUARY 2005

L6. Do you have any comments, or information that you think we should have asked about?

Figure 1

Thank you for your co-operation.
We may wish to get in touch with you again sometime in the future.

M. Office Use Only

How was this interview conducted?

- ☐ Face to face
- ☐ Mailed self-completed questionnaire
- ☐ Telephone
- ☐ Other (specify) _____

Proxy relationship

Was the interview conducted with an interpreter?

- ☐ Yes
- ☐ No

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

PROXY UPN

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