

MALE QUESTIONNAIRE

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

INSTRUCTIONS:

- Use a blue/black biro or pencil, preferably 2B
- Do not use red pen or felt tip pen
- Do not fold or bend
- Erase mistakes fully
- Do not make any stray marks

Please MARK LIKE THIS:

NOT LIKE THIS:

BLUE OR BLACK BIRO

2B PENCIL

Please write in boxes provided, then fill in the oval corresponding to each column.

EXAMPLE 1:

Postcode:

3034

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

EXAMPLE 2:

A1. How old are you?

042

years

0

0

1

1

1

2

3

3

4

5

5

6

<div><div>FAMILY ID</div><div><div><div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div><div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div></div><div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div></div><div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div></div><div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div></div><div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div></div><div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div></div><div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div></div><div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div></div><div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div></div></div></div></div>	<div><div>SUBJECT UPN</div><div><div><div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div><div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div><div>1</div></div><div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div><div>2</div></div><div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div><div>3</div></div><div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div><div>4</div></div><div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div><div>5</div></div><div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div><div>6</div></div><div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div><div>7</div></div><div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div><div>8</div></div><div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div><div>9</div></div></div></div></div>	<div><div>INTERVIEW DATE</div><div><div><div><div><div><div>JAN</div><div>1997</div></div><div>FEB</div><div>1998</div></div><div>MAR</div><div>1999</div></div><div>APR</div><div>2000</div></div><div>MAY</div><div>2001</div></div><div>JUN</div><div>2002</div></div> <div>JUL</div> <div>2003</div>
---	---	--

AUG

2004

SEP

2005

OCT

2006

NOV

2007

DEC

2008

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

A. Background Information

The first section asks some questions about your background.

A1. How old are you?

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 your date of birth?

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

☐ JAN

☐ FEB

☐ MAR

☐ APR

☐ MAY

☐ JUN

☐ JUL

☐ AUG

☐ SEP

☐ OCT

☐ NOV

☐ DEC

18

0

0

19

1

1

20

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

☐ Don't know day

☐ Don't know month

☐ Don't know year

A3. What was the highest level of education that you 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. Are you currently . . . ?

☐ Married

☐ Living as married

☐ Widowed

☐ Separated

☐ Never married

☐ Divorced

☐ Don't know

A5. In which suburb or town do you 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 were you, your parents and your grandparents born?

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

2

If you were born in Australia go to question A8.

A7. For how many years have you lived in Australia?

0123456789

0123456789

0123456789

☐ Don't know

A8. In which religion were you, your parents and your grandparents born?

	You	Your mother	Your mother's mother	Your mother's father	Your father	Your father's mother	Your father's father
Protestant/Anglican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Orthodox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latter Day Saints/Mormon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh day Adventist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sephardic Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashkenazi Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other or uncertain Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A9. Which religion do you currently practice?

☐ Protestant/Anglican

☐ Seventh Day Adventist

☐ Eastern Orthodox

☐ Sephardic Jewish

☐ Catholic

☐ Ashkenazi Jewish

☐ Muslim

☐ Other or uncertain Jewish

☐ Buddhist

☐ None

☐ Hindu

☐ Don't know

☐ Latter Day Saints/Mormon

☐ Other, specify _____

A10. What is your 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

☐ Don't know

☐ Filipino

☐ Other, specify _____

B. Medical History

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

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

- ☐ Yes
- ☐ No (Go to question B5.)
- ☐ Don't know (Go to question B5.)

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

First cancer

Age

☐ 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

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

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:

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

☐ Don't know

B5. Has a doctor ever told you that you had PROSTATIC HYPERPLASIA (that is, BPH or ENLARGED PROSTATE)?

- ☐ 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

B6. Has a doctor ever told you that you had GYNAECOMASTIA (that is, ENLARGED BREASTS)?

- ☐ 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

B7. Has a doctor ever told you that you had **DIABETES**?

- ☐ 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

C. Surgery

The next section asks a question about surgery.

C1. Have you ever had a breast completely removed?

☐ Yes, the right breast

Age when removed

0123456789

0123456789

☐ Don't know

☐ Yes, the left breast

Age when removed

0123456789

0123456789

☐ Don't know

☐ No

☐ Don't know

D. Height and Weight

The next section asks about your height and weight.

D1. How tall are you without shoes on?

feet

4

5

6

7

inches

07

18

29

310

411

5

6

OR cms

000

111

222

33

44

55

66

77

88

99

☐ Don't know

D3. What was your weight one year ago?

stones

00

11

22

33

44

5

6

7

8

9

pounds

010

111

212

313

4

5

6

7

8

9

OR kilos

000

111

222

33

44

55

66

77

88

99

☐ Don't know

D2. What is your current weight?

stones

00

11

22

33

44

5

6

7

8

9

pounds

010

111

212

313

4

5

6

7

8

9

OR kilos

000

111

222

33

44

55

66

77

88

99

☐ Don't know

D4. What was your weight when you were between 18 and 21 years old?

stones

00

11

22

33

44

5

6

7

8

9

pounds

010

111

212

313

4

5

6

7

8

9

OR kilos

000

111

222

33

44

55

66

77

88

99

☐ Don't know

E. Smoking

The next section asks questions about cigarettes that you may have smoked.

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

- ☐ Yes
- ☐ No (Go to question F1.)
- ☐ Don't know (Go to question F1.)

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

☐ Don't know

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

Years:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

E3. For how many years in total had you smoked cigarettes REGULARLY?

Total years:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don'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

☐ Don't know

E5. Are you currently smoking REGULARLY?

- ☐ Yes
- ☐ No (see below)
- ☐ Don't know

Age stopped smoking regularly:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

F. Alcohol

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

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

☐ Yes

☐ No (Go to question F6.)

☐ Don't know (Go to question F6.)

F3. For how many years in total did you consume alcoholic beverages AT LEAST ONCE A WEEK?

Total years:

☐ Don't know

F2. At what age did you FIRST start drinking alcoholic beverages AT LEAST ONCE A WEEK?

Years:

☐ Don't know

F4. Are you consuming alcohol AT LEAST ONCE A WEEK?

☐ Yes

☐ No (see below)

☐ Don't know

Age stopped drinking:

☐ Don't know

F5. During the period when you drank AT LEAST ONCE PER WEEK, how often did you drink (type)?

STANDARD DRINKS	Never	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
Light beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F6. Over the previous 12 months, how often did you drink (type)?

STANDARD DRINKS	Never	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
Light beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F7. Between the ages of 18 and 21, how many alcoholic drinks did you usually have per day or per week?

☐ Per day

☐ Per week

☐ Don't know

J. Cancer Prevention Trials

The next section asks questions about cancer prevention trials.

J16. Have you ever been a participant in a cancer prevention trial?

- 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)
- Don't know

K. Radiation Exposure

This section asks about x-rays and radiation treatment.

K1. Have you ever had any of the following types of X-ray examinations that included the chest area?

X-rays for heart catheterization

Number of x-ray examinations:

0123456789

0123456789

Don't know

Age at first x-ray examination:

0123456789

0123456789

Don't know

X-rays for scoliosis

Number of x-ray examinations:

0123456789

0123456789

Don't know

Age at first x-ray examination:

0123456789

0123456789

Don't know

Other intensive X-rays of the chest area (specify):

Number of x-ray examinations:

0123456789

0123456789

Don't know

Age at first x-ray examination:

0123456789

0123456789

Don't know

- None
- Don't know

K2. Have you ever had any of the following types of X-ray examinations that included the lower abdomen or pelvis?

☐ **Barium examination of lower bowel**

Number of x-ray examinations:

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 x-ray examination:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **CT scan or X-rays of the lower spine or pelvis**

Number of x-ray examinations:

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 x-ray examination:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **Other intensive X-rays of the lower abdomen or pelvis (specify):**

Number of x-ray examinations:

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 x-ray examination:

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ None
☐ Don't know

K3. Have you ever been TREATED with radiation that included the chest area for any of the following conditions?

☐ **Tuberculosis**

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

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **Cancer**

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

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **Acne**

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

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **Enlarged thymus gland**

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

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **Hemangioma**

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

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

☐ Don't know

☐ **Other intensive X-rays of the chest areas (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 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

☐ None
☐ Don't know

K4. Have you ever been TREATED with radiation that included the lower abdomen or pelvis for any of the following conditions?

☐ **Cancer**

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	1	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 *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

☐ **None**
☐ **Don't know**

K5. Have you participated in other research studies of familial cancer, or attended a cancer family clinic?

- ☐ No
- ☐ Yes (specify) _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

L. Twin and Other Questions

L1. Are you a twin?

- ☐ Yes
- ☐ No (Go to question L4.)
- ☐ Don't know

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 you and your twin are genetically identical?

- ☐ Yes
- ☐ No
- ☐ Don't know

L3. May we pass your name to the Australian NHMRC Twin Registry?

- ☐ Yes
- ☐ No

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)?

[illegible]

* 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)?

[illegible]

* 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.

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

[illegible]

**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) _____
- _____

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