

Study ID Number: Study id

Carolina Breast Cancer Study

Specialized Program of Research Excellence
(SPORE) in Breast Cancer

UNC Lineberger Comprehensive Cancer Center

Schools of Public Health and Medicine

QUESTIONNAIRE

Date of Interview: A1 / A2 / A3

Interviewer Code: A4

Time Began: ^(clar)AS : AG am/pm
 1 5 1 2

Time Ended: (char) A7 : A8 am/pm
1 2
1 2

100

Section A: Introductory Statement

Thank you for agreeing to be interviewed. The goal of this study is to collect information that may help us to better understand the causes of breast cancer. I will be asking you questions about a number of topics, including your family's history of cancer, your menstrual and pregnancy history, your medical history, and certain aspects of your daily life. Some of these questions ask you to think back to events that may have occurred many years ago. Although the answers may be hard to remember, please do the best you can.

Before we start, I want to remind you that your participation in this study is voluntary, and all the information collected will be kept completely confidential. If we should come to any question that you do not want to answer, just let me know and we'll go on to the next question. Do you have any questions before we begin?

Section B: Background Information

I will start by asking for some background information about you and your family.

B1. What is your date of birth?

B1A / B1B / B1C
Month Day Year

B2. Where were you born?

B2A (char) B2B (char) B2C (numeric)
City County
B2D B2E
State Country

B3. Are you adopted?

B3

1 ☐ Yes ----> SKIP TO B8

2 ☐ No

9 ☐ NA

It is important for us to learn as much as possible about any history of cancer in your family. For those relatives who have had cancer, we would like to know the type of cancer and when the cancer was diagnosed. We are interested in living and deceased members of your family, but only if they are full-blood relatives.

B4. Let's start with your parents:

What is your [PARENT'S] first name?	Is your [PARENT] still living?	How old [is he/she now / was he/she when he/she died]?	Was he/she ever diagnosed with cancer?
Father _____ _____	1 ___ Yes 2 ___ No B4A 9 ___ NA	_____ years B4B	1 ___ Yes B4C 2 ___ Yes, more than one type 3 ___ No --> SKIP TO MOTHER 9 ___ NA
Mother _____ _____	1 ___ Yes 2 ___ No B4J 9 ___ NA	_____ years B4K	1 ___ Yes B4L 2 ___ Yes, more than one type 3 ___ No --> SKIP TO B5 9 ___ NA

What is the type of cancer(s) that your [PARENT] had?	How old was he/she when this cancer was diagnosed?
Father	
B4D	B4E years
B4E B4F	B4G years
B4H	B4I years
Mother	
B4M	B4N years
B4O	B4P years
B4Q	B4R years

B5. Now I would like to ask about your full brothers and sisters, that is, those with whom you share both birth mother and father. Please include brothers and sisters who are living or deceased, but do not include adopted, foster, half or step brothers or sisters.

How many full brothers do you have?

B5A

How many full sisters do you have?

B5B

IF NO BROTHERS AND SISTERS, DON'T KNOW, OR REFUSED SKIP TO QUESTION B8.

B6. Do you have a twin brother or sister?

1 ___ Yes ----->

2 ___ No

9 ___ NA

B6A

Are you and your twin identical or not identical?

1 ___ Identical

2 ___ Not identical (fraternal)

9 ___ NA

B6B

B7. Now, let's start with the oldest among your brothers and sisters, including yourself.

Who is the oldest?/What is the first name of your next brother or sister?	What is [NAME'S] sex?	Is [NAME] still living?	How old [is [NAME] now/ was [NAME] when he/she died]?
1. B7A (Sib number)	1 <input type="checkbox"/> Male B7B 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA B7C	____ years B7D
2. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
3. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
4. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
5. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
6. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
7. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
8. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
9. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years
10. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	____ years

Has [NAME] ever been diagnosed with cancer?	What is the type of cancer(s) that [NAME] had?	How old was he/she when this cancer was diagnosed?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA	B7F B7H B7J	B7G years B7I years B7K years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next sibling 9 <input type="checkbox"/> NA		_____ years _____ years _____ years

IF MORE THAN 10 SIBLINGS CHECK HERE _____ AND ADD ADDITIONAL PAGES.

Now, I would like to ask you about your children. Again, please include only your biological children, whether they are living or deceased, but not adopted, foster or step-children.

B8

B8. How many children do you have?

IF NO CHILDREN, DON'T KNOW, OR REFUSED, SKIP TO QUESTION B10.

B9.

What is the first name of your [oldest / next] child?	What is [NAME'S] sex?	Is [NAME] still living?	How old [is [NAME] now/was [NAME] when he/she died]?
1. B9A (child number)	1 <input type="checkbox"/> Male B8B 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No B9C 9 <input type="checkbox"/> NA	_____ years B9D
2. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
3. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
4. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
5. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
6. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
7. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
8. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
9. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years
10. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	_____ years

Has [NAME] ever been diagnosed with cancer?	What is the type of cancer(s) that [NAME] had?	How old was he/she when this cancer was diagnosed?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA	B9F B9H B9J	B9G years B9I years B9K years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, more than one type 3 <input type="checkbox"/> No --> Go to next child 9 <input type="checkbox"/> NA		____ years ____ years ____ years

IF MORE THAN 10 OFFSPRING, CHECK HERE _____ AND ADD ADDITIONAL PAGES.

Now we would like to find out about cancer of the breast or ovary that occurred in relatives besides your immediate family.

B10. Have any other relatives, such as grandparents, aunts, uncles, cousins, or half-sisters, been diagnosed with cancer of the breast or ovary?

1 ___ Yes

2 ___ Possibly

3 ___ No

9 ___ NA

---> SKIP TO C1

B10

B11. As far as you know, which relatives were diagnosed with breast cancer? (Check all that apply.)

0 ___ None

1 ___ Mother's mother (maternal grandmother)

2 ___ Father's mother (paternal grandmother)

3 ___ Mother's sister(s)

4 ___ Father's sister(s)

5 ___ My half-sister(s)

6 ___ Male relatives

7 ___ Other relative(s)

9 ___ NA

How many with breast cancer?

How many with breast cancer?

How many with breast cancer?

How many with breast cancer?

Please specify:

B11J

B11K

B11L

B11M

B11N

B12. As far as you know, which relatives were diagnosed with ovarian cancer? (Check all that apply.)

0 ___ None

1 ___ Mother's mother (maternal grandmother)

2 ___ Father's mother (paternal grandmother)

3 ___ Mother's sister(s)

4 ___ Father's sister(s)

5 ___ My half-sister(s)

6 ___ Other relative(s)

9 ___ NA

How many with ovarian cancer?

How many with ovarian cancer?

How many with ovarian cancer?

Please specify:

B12I

B12J

B12K

B12L

Section C: Menstrual and Pregnancy History

Next, I would like to ask you several questions about your menstrual periods and pregnancies.

C1. How old were you when you had your first menstrual period?

C1

___ Years of age

(Use 98 for never menstruated and SKIP TO C14.)

C2. How many years after your first menstrual period did your periods become regular?

- 1 ___ Less than 1 year
2 ___ 1 to 2 years
3 ___ 3 to 4 years
4 ___ 5 years or more
5 ___ Never
9 ___ NA

C2

C3. Are you still having menstrual periods?

- 1 ___ Yes ----->
2 ___ No -----> GO TO C4
3 ___ NA -----> SKIP TO C12 if cannot sort out with probes

C3A

Are you taking female hormones other than birth control pills?

- 1 ___ Yes
2 ___ No -----> SKIP TO C12
9 ___ NA

C3B

Before you started taking female hormones, had your periods stopped?

- 1 ___ Yes -----> SKIP TO C5
2 ___ No -----> SKIP TO C12
9 ___ NA

C3C

C4. Are you currently or recently pregnant or are you breastfeeding?

- 1 ___ Yes -----> SKIP TO C12
2 ___ No
9 ___ NA

C4

The next few questions ask about reasons why your periods stopped.

C5. Did your periods stop by themselves because of menopause (change of life)?

- 1 ___ Yes -----> What was the date of your last period? C5B / C5C -----> SKIP TO C12
2 ___ No
9 ___ NA

C5A

Month Year

C6. Did your periods stop because of an operation (removal of uterus or ovaries)?

- 1 ___ Yes -----> What was the date of this operation? C6B / C6C
2 ___ No -----> SKIP TO C10
9 ___ NA

Month Year

C6A

C7. Was your uterus (womb) removed?

- 1 ___ Yes
2 ___ No
9 ___ NA

C7

C8. Were one or both ovaries removed?

C8

1 ___ Yes, both ovaries-----> SKIP TO C12

2 ___ Yes, one ovary

3 ___ No

9 ___ NA

C9. Did you experience any menopausal symptoms or otherwise notice going through the change of life sometime after your surgery?

1 ___ Yes -----> What year did you notice these changes? 19 C8 -----> SKIP TO C12

2 ___ No -----> SKIP TO C12

9 ___ NA

C10. Did your periods stop because of chemotherapy or radiation treatment?

1 ___ Yes -----> What was the date of your last period? C8B / C8C -----> SKIP TO C12
Month Year

2 ___ No C10A

9 ___ NA

C11. Did your periods stop for some other reason?

1 ___ Yes ----->

2 ___ No C11A

9 ___ NA

Please describe: C11B

What was the date of your last period? C11C / C11D
Month Year

Now, I would like to get some information about your menstrual periods during different times of your life. I will be asking these questions about certain ages.

C12. We would like to know how regular your menstrual periods have been. By "regular" we mean that your periods come about once a month, you can usually predict when they will come within 3 days, and each time they last about the same number of days. How regular were your menstrual periods (excluding the time around pregnancies or when using birth control pills) when you were: [SHOW CARD A]

	18 - 34 years old?	35 - 44 years old?	45 - 54 years old?
0 Not that old yet	<u>C12A</u>	0 <u>C12B</u>	0 <u>C12C</u>
1 Very regular (± 3 days)	1 ___	1 ___	1 ___
2 Usually regular	2 ___	2 ___	2 ___
3 Usually irregular	3 ___	3 ___	3 ___
4 Always irregular	4 ___	4 ___	4 ___
5 Didn't have periods	5 ___	5 ___	5 ___
6 Took the pill or was pregnant / breastfeeding entire age range	6 ___	6 ___	6 ___
9 NA	9 ___	9 ___	9 ___

C13. Other than when pregnant or when taking birth control pills, how many days were there usually between the first day of bleeding of one period and the first day of bleeding of your next period when you were: [SHOW CARD B]

	18 - 34 years old?	35 - 44 years old?	45 - 54 years old?
0 Not that old yet	C13A	0 C13B	0 C13C
1 < 21 days	1	1	1
2 21 - 25 days	2	2	2
3 26 - 34 days	3	3	3
4 ≥35 days	4	4	4
5 Too irregular to say	5	5	5
6 Didn't have periods	6	6	6
7 Took the pill or was pregnant / breastfeeding entire age range	7	7	7
9 NA	9	9	9

In the next questions, I will ask you about any pregnancies you might have had, including live births, stillbirths, miscarriages, induced abortions, and tubal pregnancies.

C14. During your lifetime, how many times have you been pregnant? (Be sure to count this pregnancy if you are currently pregnant.)

C14 Pregnancies

(Use 00 for never pregnant-> SKIP TO C16.)

C15. Now I would like to get some detailed information about each of your pregnancies.

	a. What was the outcome of your [first / next] pregnancy? [Was it a [READ OPTIONS:]	b. How many months [did this pregnancy last / along is this pregnancy]?	c. In what month and year did this pregnancy end? (Use 98/98 if currently pregnant.)	d. Diethylstilbestrol, or DES, was sometimes given to prevent miscarriages. As far as you know did you take DES during this pregnancy?
First Pregnancy C15A (preg. Number)	C15B 0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) C15C 9 ___ NA	_____ Months C15D	C15E / C15F _____ / _____ Month Year	1 ___ Yes 2 ___ No C15G 9 ___ NA
Second Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	_____ Months	_____ / _____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA
Third Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	_____ Months	_____ / _____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA
Fourth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	_____ Months	_____ / _____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA

FOR LIVE BIRTHS ONLY:

e. Did you breastfeed this baby?	f. For how many months did you breastfeed?	g. For about how many months did you <u>not</u> have menstrual periods while breastfeeding?	h. Were you given any medication to stop milk production?
1 <input type="checkbox"/> Yes C15H 2 <input type="checkbox"/> No, was unable to 3 <input type="checkbox"/> No, chose not to -> GO TO h 9 <input type="checkbox"/> NA	_____ Months C15F	_____ Months C15J	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C15K 9 <input type="checkbox"/> NA
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, was unable to 3 <input type="checkbox"/> No, chose not to -> GO TO h 9 <input type="checkbox"/> NA	_____ Months	_____ Months	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, was unable to 3 <input type="checkbox"/> No, chose not to -> GO TO h 9 <input type="checkbox"/> NA	_____ Months	_____ Months	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, was unable to 3 <input type="checkbox"/> No, chose not to -> GO TO h 9 <input type="checkbox"/> NA	_____ Months	_____ Months	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA

	a. What was the outcome of your next pregnancy? [Was it a: [READ OPTIONS:]]	b. How many months [did this pregnancy last / along is this pregnancy]?	c. In what month and year did this pregnancy end? (Use 98/98 if currently pregnant.)	d. Diethylstilbestrol, or DES, was sometimes given to prevent miscarriages. As far as you know did you take DES during this pregnancy?
Fifth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) _____ 9 ___ NA	____ Months	____/____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA
Sixth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) _____ 9 ___ NA	____ Months	____/____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA
Seventh Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) _____ 9 ___ NA	____ Months	____/____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA
Eighth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) _____ 9 ___ NA	____ Months	____/____ Month Year	1 ___ Yes 2 ___ No 9 ___ NA

FOR LIVE BIRTHS ONLY:

e. Did you breastfeed this baby?	f. For how many months did you breastfeed?	g. For about how many months did you <u>not</u> have menstrual periods while breastfeeding?	h. Were you given any medication to stop milk production?
1 ___ Yes 2 ___ No, was unable to 3 ___ No, chose not to 9 ___ NA <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; padding-left: 5px; margin-left: 10px;"> -> GO TO h </div>	_____ Months	_____ Months	1 ___ Yes 2 ___ No 9 ___ NA
1 ___ Yes 2 ___ No, was unable to 3 ___ No, chose not to 9 ___ NA <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; padding-left: 5px; margin-left: 10px;"> -> GO TO h </div>	_____ Months	_____ Months	1 ___ Yes 2 ___ No 9 ___ NA
1 ___ Yes 2 ___ No, was unable to 3 ___ No, chose not to 9 ___ NA <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; padding-left: 5px; margin-left: 10px;"> -> GO TO h </div>	_____ Months	_____ Months	1 ___ Yes 2 ___ No 9 ___ NA
1 ___ Yes 2 ___ No, was unable to 3 ___ No, chose not to 9 ___ NA <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; padding-left: 5px; margin-left: 10px;"> -> GO TO h </div>	_____ Months	_____ Months	1 ___ Yes 2 ___ No 9 ___ NA

IF MORE THAN 8 PREGNANCIES, CHECK HERE _____ AND ADD ADDITIONAL PAGES.

C16. Have you ever tried to get pregnant for one straight year or more and, during that time, not become pregnant?

C16

- 1 ___ Yes
2 ___ No
9 ___ NA

C17. Did you or your husband (partner) ever visit a doctor, clinic, or hospital because you had a problem getting pregnant?

C17

- 1 ___ Yes
2 ___ No
9 ___ NA
- > SKIP TO D1

C18. What reason(s) did the doctor give to explain why you had trouble getting pregnant? (Check all that apply.)

- ~~C18A~~ 0 ___ No problem was found
~~C18B~~ 1 ___ Problem with ovaries
~~C18C~~ 2 ___ Problem with fallopian tubes
~~C18D~~ 3 ___ Endometriosis
~~C18E~~ 4 ___ Problem with cervix

- 5 ___ Problem with uterus
6 ___ Partner had fertility problem
7 ___ Other (specify:)
9 ___ NA

C18F

C18G

C18H

C18J (other reason)

C18I

C19. Did you ever take any medication(s) to help you get pregnant?

C19

- 1 ___ Yes
2 ___ No
9 ___ NA
- > SKIP TO D1

C20. Starting with the first time you took medication(s) to help you get pregnant:

What medication did you take?	What was your age at your: first treatment? most recent treatment?	Overall, how long did you take this medication?
C20A	C20B Years C20C Years	C20D Years C20E Months
C20F	C20G Years C20H Years	C20I Years C20J Months
C20K	C20L Years C20M Years	C20N Years C20O Months

Section D: Hormones

In this part of the questionnaire, I will be asking about hormones that you may have taken, including birth control pills.

Oral Contraceptives

- D1. Have you ever taken birth control pills for birth control or for any other reason? **D1** X
- 1 ☐ Yes
2 ☐ No | --> SKIP TO D6
9 ☐ NA
- D2. How old were you when you first took birth control pills? **D2** X
- D3. How old were you when you last took birth control pills? **D3** X
- (Enter 98 if still taking.)
- D4. Keeping in mind that you may have started and stopped several times, for how many months or years [did you take/have you taken] birth control pills overall? **D4A** X
- D4B** X
- D5. Before your first full-term pregnancy, for how many months or years did you take birth control pills? **D5A** X
- D5B** X
- (Enter 98 if never had full-term pregnancy.)

Now I am going to ask you about two other forms of birth control that you may have used.

- D6. Norplant is a birth control method in which six small rods are surgically placed in your upper arm. Have you ever used Norplant? **D6** X
- 1 ☐ Yes
2 ☐ No | -----> SKIP TO D11
9 ☐ NA
- D7. How old were you when you first used Norplant? **D7** X
- D8. How old were you when you last used Norplant? **D8** X
- (Enter 98 if still using.)
- D9. For how many months or years [did you use/have you used] Norplant overall? **D9A** X
- D9B** X
- D10. Before your first full-term pregnancy, for how many months or years did you use Norplant? **D10A** X
- D10B** X
- (Enter 98 if never had full-term pregnancy.)

D11. Depo-Provera, or DMPA, is a contraceptive given by injection once every three months. Have you ever used this method of birth control?

1 ___ Yes

2 ___ No

9 ___ NA

----->SKIP TO D16

X **D11**

D12. How old were you when you first used Depo-Provera?

X **D12** Years

D13. X How old were you when you last used Depo-Provera?

D13 Years
(Enter 98 if still using.)

D14. For how many months or years [did you use/have you used] Depo-Provera overall?

X **D14A** Years
X **D14B** Months

D15. Before your first full-term pregnancy, for how many months or years did you use Depo-Provera?

X **D15A** Years
X **D15B** Months
(Enter 98 if never had full-term pregnancy.)

Hormone Replacement Therapy

Now I am going to ask about hormones that you may have taken for reasons other than birth control.

D16. Tamoxifen or Nolvadex is sometimes used to treat or to prevent breast cancer. Have you ever taken tamoxifen?

1 ___ Yes

2 ___ No

9 ___ NA

----->SKIP TO D20

D16

D17. How old were you when you first took tamoxifen?

X **D17** Years

D18. How old were you when you last took tamoxifen?

X **D18** Years
(Enter 98 if still using.)

D19. For how many months or years [did you take/have you taken] tamoxifen overall?

X **D19A** Years
X **D19B** Months

Sometimes women take female hormones such as estrogen at menopause (the change of life), after surgery, or at other times. These hormones may be in the form of pills, skin patches, shots, vaginal creams, or vaginal suppositories.

D20. Have you ever used estrogens, progestins, or other female hormones (other than for birth control or for breast cancer)?

1 ___ Yes

2 ___ No

9 ___ NA

---->SKIP TO E1

D20

D21. Now I would like to get some more detailed information about how and when you took these hormones [SHOW PHOTO CARD IF HELP NEEDED TO IDENTIFY SPECIFIC HORMONES].

	What dose of [HORMONE] did you take/use?	What was your age at first use?	What was your age at last use?	Overall, for how many months or years did you take/use [HORMONE]?	How did you take/use [HORMONE]?
a. Have you ever taken Premarin or conjugated estrogens? <u>D21A1</u> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>--> SKIP TO c</u> 9 <input type="checkbox"/> NA <u>D21A2 (blank)</u>	<u>D21A3</u>	<u>D21A4</u> Years	<u>D21A5</u> Years	<u>D21A6</u> Years <u>D21A7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 21 days/mo 3 <input type="checkbox"/> < 21 days/mo 9 <input type="checkbox"/> NA <u>D21A8</u>
b. Did you ever take progestin along with Premarin? <u>D21B1</u> 1 <input type="checkbox"/> Yes; Specify: <u>D21B2</u> 2 <input type="checkbox"/> No <u>--> GO TO c</u> 9 <input type="checkbox"/> NA	<u>D21B3</u>	<u>D21B4</u> Years	<u>D21B5</u> Years	<u>D21B6</u> Years <u>D21B7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> < 10 days/mo 9 <input type="checkbox"/> NA <u>D21B8</u>
c. Have you ever taken other estrogen pills? <u>D21C1</u> 1 <input type="checkbox"/> Yes; Specify: <u>D21C2</u> 2 <input type="checkbox"/> No <u>--> SKIP TO e</u> 9 <input type="checkbox"/> NA	<u>D21C3</u>	<u>D21C4</u> Years	<u>D21C5</u> Years	<u>D21C6</u> Years <u>D21C7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 21 days/mo 3 <input type="checkbox"/> < 21 days/mo 9 <input type="checkbox"/> NA <u>D21C8</u>
d. Did you ever take progestin along with [ESTROGEN]? <u>D21D1</u> 1 <input type="checkbox"/> Yes; Specify: <u>D21D2</u> 2 <input type="checkbox"/> No <u>--> GO TO e</u> 9 <input type="checkbox"/> NA	<u>D21D3</u>	<u>D21D4</u> Years	<u>D21D5</u> Years	<u>D21D6</u> Years <u>D21D7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> < 10 days/mo 9 <input type="checkbox"/> NA <u>D21D8</u>
e. Have you ever used estrogen patches (Estraderm)? <u>D21E1</u> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>--> SKIP TO g</u> 9 <input type="checkbox"/> NA <u>D21E2 (blank)</u>	<u>D21E3</u>	<u>D21E4</u> Years	<u>D21E5</u> Years	<u>D21E6</u> Years <u>D21E7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 21 days/mo 3 <input type="checkbox"/> < 21 days/mo 9 <input type="checkbox"/> NA <u>D21E8</u>
f. Did you ever take progestin when you were using estrogen patches? <u>D21F1</u> 1 <input type="checkbox"/> Yes; Specify: <u>D21F2</u> 2 <input type="checkbox"/> No <u>--> GO TO g</u> 9 <input type="checkbox"/> NA	<u>D21F3</u>	<u>D21F4</u> Years	<u>D21F5</u> Years	<u>D21F6</u> Years <u>D21F7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> < 10 days/mo 9 <input type="checkbox"/> NA <u>D21F8</u>
g. Have you ever taken progestin alone? <u>D21G1</u> 1 <input type="checkbox"/> Yes; Specify: <u>D21G2</u> 2 <input type="checkbox"/> No <u>--> GO TO h</u> 9 <input type="checkbox"/> NA	<u>D21G3</u>	<u>D21G4</u> Years	<u>D21G5</u> Years	<u>D21G6</u> Years <u>D21G7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> < 10 days/mo 9 <input type="checkbox"/> NA <u>D21G8</u>
h. Have you ever taken any other hormone pills? <u>D21H1</u> 1 <input type="checkbox"/> Yes; Specify if known: <u>D21H2</u> 2 <input type="checkbox"/> No <u>--> GO TO i</u> 9 <input type="checkbox"/> NA	<u>D21H3</u>	<u>D21H4</u> Years	<u>D21H5</u> Years	<u>D21H6</u> Years <u>D21H7</u> Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> ≥ 21 days/mo 3 <input type="checkbox"/> < 21 days/mo 9 <input type="checkbox"/> NA <u>D21H8</u>
i. Have you ever used estrogen in vaginal cream or suppositories? <u>D21I1</u> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>--> GO TO j</u> 9 <input type="checkbox"/> NA <u>D21I2 (blank)</u>		<u>D21I4</u> Years	<u>D21I5</u> Years	<u>D21I6</u> Years <u>D21I7</u> Months	1 <input type="checkbox"/> > 3 times a week 2 <input type="checkbox"/> 1 to 3 times a week 3 <input type="checkbox"/> < 1 time a week 9 <input type="checkbox"/> NA <u>D21I8</u>
j. Have you ever had estrogen injections? <u>D21J1</u> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA <u>D21J2 (blank)</u>		<u>D21J4</u> Years	<u>D21J5</u> Years	<u>D21J6</u> Years <u>D21J7</u> Months	1 <input type="checkbox"/> ≥ 1 time a month 2 <input type="checkbox"/> < 1 time a month 9 <input type="checkbox"/> NA <u>D208</u>

Section E: Medical History

Now I would like to ask you some questions about your general medical history. But first, the next two questions ask about your mother when she was pregnant with you.

E1. As we mentioned before, diethylstilbestrol, or DES, was sometimes given to prevent miscarriages. As far as you know, did your mother take DES while she was pregnant with you? **E1**

1 ___ Yes

2 ___ No

9 ___ NA

E2. As far as you know, did your mother have any of the following conditions while she was pregnant with you:

Hypertension or high blood pressure?

E2A

1 ___ Yes

2 ___ No

9 ___ NA

Toxemia?

E2B

1 ___ Yes

2 ___ No

9 ___ NA

Diabetes or high blood sugar?

E2C

1 ___ Yes

2 ___ No

9 ___ NA

E3. Have you ever been told by a doctor that you have any of the following conditions?

		How old were you when you were first diagnosed?
Diabetes (also called sugar diabetes or diabetes mellitus)? Specify type: E3A	1 ___ Yes 2 ___ No 9 ___ NA E3B	E3C Years
Osteoporosis?	1 ___ Yes 2 ___ No 9 ___ NA E3D	E3E Years
Thyroid Condition? Specify: E3F	1 ___ Yes 2 ___ No 9 ___ NA E3G	E3H Years

E4. Have you ever been told by a doctor that you had a benign tumor, cyst, or a growth that was NOT cancer?

1 ___ Yes

2 ___ No

9 ___ NA

E4A

What kind of growth was it and where was this growth located?

a. **E4B**

How old were you when you were first diagnosed?

E4C Years

Second tumor:

b. **E4D**

How old were you when you were first diagnosed?

E4E Years

Third tumor:

c. **E4F**

How old were you when you were first diagnosed?

E4G Years

E5. We are interested in your cancer history, including past and recent diagnoses. Have you ever been told by a doctor that you had cancer, including breast cancer?

1 ☒ Yes ----->
 2 ☐ No
 9 ☐ NA

ESA

What kind of cancer did you have? a. ESB	How old were you when you were first diagnosed? ESC Years
Second cancer: b. ESD	How old were you when you were first diagnosed? ESE Years
Third cancer: c. ESF	How old were you when you were first diagnosed? ESG Years

E6. FOR ALL CASES PLUS CONTROLS WHO REPORT BREAST CANCER: Who first found your breast cancer? Was it:

1 ☒ You **E6A**
 2 ☐ Your doctor
 3 ☐ A mammogram

4 ☐ Other (Specify) **E6B**
 9 ☐ NA

Now I would like to ask you about some medical procedures you may have had.

E7. Have you ever had a breast biopsy, including a needle biopsy?

1 ☒ Yes ----->
 2 ☐ No **E7A**
 9 ☐ NA

How old were you when you had your first biopsy? E7B Years
--

Mammography

A mammogram is an x-ray of the breast taken by a machine that presses against the breast while the picture is being taken.

E8. Have you ever had a mammogram?

- 1 ☐ Yes ----->
2 ☐ No | ----> SKIP TO E9
9 ☐ NA

E8A

How old were you when you had your first mammogram?

E8B \ Years

During your whole lifetime, how many mammograms have you ever had?

E8C \ (Number)

Was your last mammogram

- 1 ☐ Within the last year?
2 ☐ One to two years ago?
3 ☐ More than 2 years ago?
9 ☐ NA

E8D

Radiation Exposure

E9. Have you ever had a chest x-ray other than a mammogram?

- 1 ☐ Yes
2 ☐ No
9 ☐ NA

-----> SKIP TO E12

E9

E10. How old were you when you first got a chest x-ray?

- 1 ☐ younger than 10 years old
2 ☐ 10 - 19 years old
3 ☐ 20 - 39 years old
4 ☐ 40 years or older
9 ☐ NA

E10

E11. How many times in your life have you had a chest x-ray?

- 1 ☐ 1 - 5
2 ☐ 6 - 10
3 ☐ 11 - 30
4 ☐ > 30
9 ☐ NA

E11

E12. Have you ever had coronary catheterization or angioplasty?

E12

1 ☐ Yes

2 ☐ No

9 ☐ NA

—————> SKIP TO E15

E13. How old were you when you had your first catheterization?

E13

Years

E14. How many times have you had catheterization in your life?

E14

(Number)

E15. Did you ever have radiation to treat or monitor any condition? This includes cancer treatment, chest fluoroscopy for TB or mastitis, or other types of radiation.

E15

1 ☐ Yes

2 ☐ No

9 ☐ NA

—————> SKIP TO E17

E16. For each type of radiation therapy that you have had, I would like to know the disease that was being treated, the part of your body that was treated, and your age at the beginning and end of the treatments.

For what disease were you treated or monitored with radiation?	What part of your body was treated?	How old were you at your:	
		first treatment?	most recent treatment?
a. First disease E16A	E16B	E16C Years	E16D Years
b. Second disease E16E	E16F	E16G Years	E16H Years
c. Third disease E16I	E16J	E16K Years	E16L Years

*scoliosis
kidney stones*

Anthropometry

Now I am going to ask you some questions about your height and weight at various times in your life.

E17. What has been your usual adult height (since age 20 without shoes on)? E17A Feet E17B Inches

E18. One year ago, how much did you weigh?
(If was pregnant, query weight just prior to pregnancy.) E18 Pounds

E19. What has been your lowest weight as an adult (since age 20)? E19 Pounds

E20. What has been your highest weight as an adult (since age 20 and excluding when you were pregnant)? E20 Pounds

E21. Now when you were [AGE], how much did you weigh? (Use 998 if not that old yet.)

55 years old	35 years old	18 years old
<u>E21A</u> pounds	<u>E21B</u> pounds	<u>E21C</u> pounds

E22. Thinking back to the 5th grade, or when you were about 10 years old, how did your weight compare to other girls your age and height?
Were you: [READ OPTIONS]

E22

- 1 ___ Thinner?
- 2 ___ About the same?
- 3 ___ Heavier?
- 9 ___ NA

E23. Again, thinking back to the 5th grade, or when you were about 10 years old, how did your height compare to other girls your age?
Were you: [READ OPTIONS]

E23

- 1 ___ Shorter?
- 2 ___ About the same?
- 3 ___ Taller?
- 9 ___ NA

Section F: Lifestyle Factors and Exposures

We are now a little more than halfway through the interview. In the next part, I would like to ask you some questions about your lifestyle and personal habits.

Physical Activity

The next several questions ask about physical activity when you were younger.

- F1. When you were 12 years old (in about 7th grade) compared to other girls your age, would you say you were: [READ OPTIONS]

F1

- 1 ___ Far less physically active?
- 2 ___ A bit less physically active?
- 3 ___ About as physically active?
- 4 ___ Usually more physically active?
- 5 ___ Much more physically active?
- 9 ___ NA

- F2. As a 12 year old, did you watch TV?

- 1 ___ Yes ----->
- 2 ___ No
- 3 ___ TV not available
- 9 ___ NA

F2A

How many days per week did you watch TV?
[IF DAILY, probe for number of hours.]

- 1 ___ Daily or almost daily (6-7 days a week) for more than 2 hours
- 2 ___ Daily or almost daily but for 2 hours or less.
- 3 ___ Several times a week (3-5 days a week)
- 4 ___ Once or twice a week
- 5 ___ Less than once a week
- 9 ___ NA

F2B

- F3. When you were 12 years old, did you walk to school?

- 1 ___ Yes ----->
- 2 ___ No
- 9 ___ NA

F3A

How far did you walk to school (one way)?

- 1 ___ < 1/2 mile
- 2 ___ 1/2-1 mile
- 3 ___ 1-2 miles
- 4 ___ 2-3 miles
- 5 ___ > 3 miles
- 9 ___ NA

F3B

F4. When you were 12 years old, did you ride a bicycle to school?

- 1 ___ Yes ----->
2 ___ No
9 ___ NA

F4A ✓

How far did you ride a bicycle (one way)?

- 1 ___ < 1/2 mile
2 ___ 1/2-1 mile
3 ___ 1-2 miles
4 ___ 2-3 miles
5 ___ > 3 miles
9 ___ NA

F4B ✓

F5. When you were 12 years old, did you participate in competitive sports or serious training as a dancer or gymnast?

- 1 ___ Yes ----->
2 ___ No
9 ___ NA

F5A ✓

How many days per week did you play sports/practice dance or gymnastics?

- 1 ___ Daily or almost daily (6-7 days a wk)
2 ___ Several times a week (3-5 days a wk)
3 ___ Once or twice a week
4 ___ Less than once a week
9 ___ NA

F5B ✓

F6. When you were 12 years old, did you perform any vigorous chores like the following around the house or farm? [SHOW CARD C]

- 1 ___ Yes ----->
2 ___ No
9 ___ NA

F6A ✓

On average, how many days per week did you perform one or more of these chores?

- 1 ___ Daily or almost daily (6-7 days a wk)
2 ___ Several times a week (3-5 days a wk)
3 ___ Once or twice a week
4 ___ Less than once a week
9 ___ NA

F6B ✓

F7. About three months ago, aside from any work you did at home or at a job, did you do anything regularly--that is, on a weekly basis--that helped you keep physically fit?

- 1 ___ Yes ----->
2 ___ No
9 ___ NA

F7A ✓

What did you do?

F7B ✓
F7C ✓
F7D ✓

How often did you do physical activity?

- 1 ___ Daily (7 days a week)
2 ___ Several times a week (5 - 6 times a week)
3 ___ Every other day (3 - 4 times a week)
4 ___ Once or twice a week
9 ___ NA

F7E ✓

F8. Over the past 5 years, have you taken vitamin or mineral supplements?

- 1 ___ Yes
2 ___ No
9 ___ NA

F8 ✓

----> SKIP TO F10

Now I am going to ask you about some specific vitamins and minerals you might have taken.

F9.

Over the past 5 years have you taken:	Overall, for how many months during the past 5 years have you taken them?	During those months, about how days per week did you usually take the pills?	What type of pill did you take? [READ OPTIONS]
a. Multivitamins? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9A1 3 ___ No 9 ___ NA --->GO TO b	___ Months F9A2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9A3	1 ___ One-a-day 2 ___ One-a-day+ minerals 3 ___ Stress- tabs 4 ___ Therapeutic or Theragran type 5 ___ Therapeutic + minerals 9 ___ NA F9A4
b. Vitamin A? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9B1 3 ___ No 9 ___ NA --->GO TO c	___ Months F9B2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9B3	1 ___ < 8,000 IU 2 ___ 8,000 - 12,000 IU 3 ___ 12,001 - 22,000 IU 4 ___ > 22,000 IU 9 ___ NA F9B4
c. Vitamin C? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9C1 3 ___ No 9 ___ NA --->GO TO d	___ Months F9C2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9C3	1 ___ <400 mg 2 ___ 400 - 749 mg 3 ___ 750 - 1250 mg 4 ___ > 1250 mg 9 ___ NA F9C4
d. Vitamin D? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9D1 3 ___ No 9 ___ NA --->GO TO e	___ Months F9D2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9D3	1 ___ < 400 IU 2 ___ 400-799 IU 3 ___ 800 IU 4 ___ > 800 IU 9 ___ NA F9D4
e. Vitamin E? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9E1 3 ___ No 9 ___ NA --->GO TO f	___ Months F9E2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9E3	1 ___ < 100 IU 2 ___ 100 - 250 IU 3 ___ 251 - 500 IU 4 ___ > 500 IU 9 ___ NA F9E4
f. Beta- Carotene? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9F1 3 ___ No 9 ___ NA --->GO TO g	___ Months F9F2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9F3	1 ___ < 8,000 IU 2 ___ 8,000 - 12,000 IU 3 ___ 12,001- 22,000 IU 4 ___ > 22,000 IU 9 ___ NA F9F4
g. Calcium? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9G1 3 ___ No 9 ___ NA --->GO TO h	___ Months F9G2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9G3	1 ___ < 400 mg 2 ___ 400 - 900 mg 3 ___ 901 - 1300 mg 4 ___ > 1300 mg 9 ___ NA F9G4
h. Selenium? 1 ___ Yes, regularly 2 ___ Yes, but irregularly F9H1 3 ___ No 9 ___ NA --->GO TO F10	___ Months F9H2	1 ___ daily 2 ___ 5-6 per week 3 ___ 3-4 per week 4 ___ 1-2 per week 5 ___ <1 per week 9 ___ NA F9H3	1 ___ < 80 mcg 2 ___ 80 - 130 mcg 3 ___ 131 - 250 mcg 4 ___ >250 mcg 9 ___ NA F9H4

The next several questions ask about your diet. First I am going to ask you about how often you eat these vegetables [SHOW CARD D].

F10. Last year during the winter season (from December-March), about how many 1/2-cup-sized servings of these vegetables did you eat per week?

F10 ✓ per week

F11. Last year during the summer season (from June-September), about how many 1/2-cup-sized servings of these vegetables did you eat per week?

F11 ✓ per week

Now I am going to ask you about how often you eat these fruits and fruit juices [SHOW CARD E].

F12. Last year during the winter season (from December-March), about how many 1/2-cup-sized servings of these fruits or fruit juices did you have per week?

F12 ✓ per week

F13. Last year during the summer season (from June-September), about how many 1/2-cup-sized servings of these fruits or fruit juices did you have per week?

F13 ✓ per week

F14. Last year, about how many 8 oz. glasses of milk (skim, 2%, or regular) did you drink per week?

F14 ✓ per week

F15. Last year, about how many times per year did you eat freshwater fish that you or someone you knew caught in a lake or a river?

F15 ✓ times per year

Alcohol Consumption

Now I have some questions about beverages that contain alcohol.

F16. Have you ever drunk beer, wine, liquor or mixed drinks?

F16 ✓

1 ☐ Yes

2 ☐ No

9 ☐ NA

—————> SKIP TO F19

F17. How old were you when you first started to drink:
(Use 98 if never drank that beverage.)

Beer?

F17A ✓ Years old

Wine?

F17B ✓ Years old

Liquor?

F17C ✓ Years old

F18. We would like to know about what kinds of alcohol and how much you drank at different times in your life.
(Use 00 for never; use 98 for not that old yet.)

	Before age 25,	From ages 26 to 49,	Since age 50,
about how many 12 oz cans or bottles of beer [did you / do you] usually drink per week, per month, or per year?	F18A (1) per week (2) per month F18B (3) per year	F18H (1) per week (2) per month F18I (3) per year	F18O (1) per week (2) per month F18P (3) per year
about how many 4 oz glasses of wine [did you / do you] usually drink per week, per month, or per year?	F18C (1) per week (2) per month F18D (3) per year	F18J (1) per week (2) per month F18K (3) per year	F18Q (1) per week (2) per month F18R (3) per year
about how many 1 oz shots of hard liquor, taken straight or in a mixed drink [did you/ do you] usually drink per week, per month, or per year?	F18E (1) per week (2) per month F18F (3) per year	F18L (1) per week (2) per month F18M (3) per year	F18S (1) per week (2) per month F18T (3) per year
about how many times in a given year [did you/ do you] have more than five drinks on one day?	0 ___ Never F18G 1 ___ 1 to 6 times 2 ___ 7 to 12 times 3 ___ 13 to 24 times 4 ___ ≥ 25 times 9 ___ NA	0 ___ Never F18N 1 ___ 1 to 6 times 2 ___ 7 to 12 times 3 ___ 13 to 24 times 4 ___ ≥ 25 times 8 ___ Not that old yet 9 ___ NA	0 ___ Never F18U 1 ___ 1 to 6 times 2 ___ 7 to 12 times 3 ___ 13 to 24 times 4 ___ ≥ 25 times 8 ___ Not that old yet 9 ___ NA

Smoking

The next several questions ask about your exposure to tobacco.

- F19. Have you smoked at least 100 cigarettes (5 packs) in your lifetime? **F19** ✓
 1 ___ Yes
 2 ___ No
 9 ___ NA → SKIP TO F25
- F20. How old were you when you first began smoking on a regular basis? **F20** ✓ Years
- F21. Do you smoke now? **F21** ✓
 1 ___ Yes → SKIP TO F23
 2 ___ No
 9 ___ NA
- F22. How old were you when you completely stopped smoking? **F22** ✓ Years

F23. Keeping in mind that you may have stopped and started several times, overall how many years [have you /did you] smoke[d] regularly?

- 1 ___ 1 to 5 years
2 ___ 6 to 10 years
3 ___ 11 to 20 years
4 ___ More than 20 years
9 ___ NA

✓ F23

F24. On average, how many cigarettes [do you /did you] smoke per day?

- 1 ___ More than 2 packs
2 ___ 1 to 2 packs
3 ___ 1/2 to 1 pack
4 ___ 1/2 pack or less
5 ___ Once in a while, not every day
9 ___ NA

✓ F24

F25. Have you ever smoked a pipe?

- 1 ___ Yes
2 ___ No
9 ___ NA

→ SKIP TO F27

✓ F25

F26. For how many years did you smoke a pipe?

- 1 ___ 1 to 5 years
2 ___ 6 to 10 years
3 ___ 11 to 20 years
4 ___ More than 20 years
9 ___ NA

✓ F26

F27. Have you used chewing tobacco or snuff ?

- 1 ___ Yes
2 ___ No
9 ___ NA

→ SKIP TO F29

✓ F27

F28. For how many years did you use chewing tobacco or snuff?

- 1 ___ 1 to 5 years
2 ___ 6 to 10 years
3 ___ 11 to 20 years
4 ___ More than 20 years
9 ___ NA

✓ F28

F29. Before you were 18, did you live with someone who smoked?

- 1 ___ Yes
2 ___ No
9 ___ NA

F29A ✓

For how many years?

____ Years

✓ F29B

F30. Since you were 18, have you lived with someone who smoked?

1 ☐ Yes ☒

2 ☐ No

9 ☐ NA

For how many years?

F30B Years

Sunscreen Use

In the next three questions, I will ask about your outdoor sun exposure. Please think about your experience over the past 5 years.

F31. About how many days per week did you spend more than 1 hour per day outdoors?

1 ☐ 4-7 days/week

2 ☐ 1-3 days/week

3 ☐ <1 day/week

9 ☐ NA

F32. When you are outside, how often do you protect yourself from the sun with clothing such as long sleeves and a hat?

1 ☐ Always

2 ☐ Usually

3 ☐ Sometimes

4 ☐ Rarely

5 ☐ Never

9 ☐ NA

F33. When you are outside, how often do you protect yourself from the sun with lotion on your skin?

1 ☐ Always

2 ☐ Usually

3 ☐ Sometimes

4 ☐ Rarely

5 ☐ Never

9 ☐ NA

Section G: Occupational History

Now, I would like to ask you about jobs you may have had.

G1. Have you ever had a job for 6 months or more? This includes full-time or part-time, paid or unpaid work, as well as self-employment.

1 ☐ Yes

2 ☐ No

9 ☐ NA

-----> SKIP TO G15

In the next questions, I would like some information about the two different types of work that you did the longest.

G2. What was the job title for the type of work that you did the longest?

Job title : P2

G3. What were your usual activities or duties as a [JOB TITLE]? _____

G4. For what kinds of business or industry did you work?

G4A	G4B	G4C
-----	-----	-----

G5. At what age did you start working as a [JOB TITLE/JOB TITLE at BUSINESS]? (If more than one business or industry, repeat question for each one.)

G5A years	G5B years	G5C years
-----------	-----------	-----------

G6. How many years did you work as a [JOB TITLE] at [BUSINESS or INDUSTRY]? (If more than one business or industry, repeat question for each one.)

G6A years	G6B years	G6C years
-----------	-----------	-----------

G7. On average, how many hours per week did you usually work when you were a [JOB TITLE]? G7 Hours

G8. What was the job title for the second longest-held type of work you did? G8A ✓ Did not have one --> SKIP TO G14

Job title : G8B

G9. What were your usual activities or duties as a [JOB TITLE]? _____

G10. For what kinds of business or industry did you work? _____

G10A	G10B	G10C
-------------	-------------	-------------

G11. At what age did you start working as a [JOB TITLE/JOB TITLE at BUSINESS]? (If more than one business or industry, repeat question for each one.)

G11A years	G11B years	G11C years
-------------------	-------------------	-------------------

G12. How many years total did you work as a [JOB TITLE] at [BUSINESS or INDUSTRY]? (If more than one business or industry, repeat question for each one.)

G12A years	G12B years	G12C years
-------------------	-------------------	-------------------

G13. On average, how many hours per week did you usually work when you were a [JOB TITLE]? **G13** Hours

G14. Have you ever worked on jobs in which you were exposed to the following:

		At what age did you start working at this job?	For how many years total did you work at this job?
a. Transformers or capacitors (including assembly, disassembly, or scavenging)?	1 ___ Yes G14A ✓ 2 ___ No → GO TO b 9 ___ NA	G14B ✓ Years	G14C ✓ Years
b. Ionizing radiation (such as x-ray technician, dental hygienist, or inspector at nuclear energy facilities)?	1 ___ Yes G14D ✓ 2 ___ No → GO TO c 9 ___ NA	G14E ✓ Years	G14F ✓ Years
c. Cut flowers (including supplying, arranging or selling)?	1 ___ Yes G14G ✓ 2 ___ No → GO TO G15 9 ___ NA	G14H ✓ Years	G14I ✓ Years

G15. Before 1972, did you ever chop cotton or work in cotton fields?

1 ☒ Yes →

2 ☐ No

9 ☐ NA

G15A

X

At what age did you start working at this job?

☒ Years G15B

For how many years total did you chop cotton?

☒ Years G15C

Pesticides

In the next few questions, I would like to ask you about your exposure to pesticides.

G16. Have you ever worked at a job where you had to handle pesticides, such as pesticide manufacturing, extermination of insects, or pesticide spraying?

1 ☒ Yes →

2 ☐ No

9 ☐ NA

G16A

X

What was your job?

1 ☒ Extermination of pests or insects

2 ☐ Pesticide manufacturing G16B

3 ☐ Pesticide spraying

4 ☐ Other (specify) G16C

9 ☐ NA

At what age did you first work at any of these jobs?

G16D ☒ Years

For how many years total did you work at jobs in which you were exposed to pesticides?

G16E ☒ Years

G17. Have you ever lived or worked on a farm where pesticides were used by others?

1 ☒ Yes →

2 ☐ No

9 ☐ NA

G17A

X

How old were you when you first lived or worked on such a farm?

G17B ☒ Years

For how many years total did you live or work on such a farm?

G17C ☒ Years

G18. While gardening, have you ever applied pesticides yourself or worked in the garden/lawn shortly after somebody else applied pesticides?

1 Yes ----->

2 No

9 NA

G18A

How old were you when this first happened?

G18B Years

For how many years total did it happen?

G18C Years

During the years you gardened after pesticide application, how often did this happen?

1 About once a year

2 Several times a year (2-6 times a year)

3 Many times a year (More than 6 times a year)

9 NA

G18D

G19. Have you ever done laundry for someone who used pesticides?

1 Yes ----->

2 No

9 NA

For how many years total? G19B years

G19A

G20. Have any of your homes ever been treated for insects or pests, such as fleas, roaches, termites, etc.? Here we are referring to treatment of the whole house, either by a professional exterminator or by yourself?

1 Yes ----->

2 No -----> SKIP TO G22

9 NA

G20A

How old were you when your house was first treated?

G20B Years

During how many years total was it treated?

G20C Years

During the years your house was treated, how many times a year was it treated?

1 About once a year

2 2-6 times a year

3 6-12 times a year

4 More than 12 times a year

9 NA

G20D

Did you treat it yourself?

1 Yes

2 No

3 sometimes

G20E

G21. Before 1987, was your home ever treated for termites ?

- 1 ☒ Yes →
2 ☐ No
9 ☐ NA

G21A ✓

About how many times?

G21B ✓ # times

G22. Have you ever used bug spray or powder to kill insect pests?

- 1 ☒ Yes →
2 ☐ No
9 ☐ NA

G22A ✓

For about how many years total have you used bug spray?

G22B ✓ Years

During the years you used bug spray, about how often did you use it?

- 1 ☒ About once a year
2 ☐ 2-6 times a year
3 ☐ 6-12 times a year
4 ☐ More than 12 times a year
9 ☐ NA

G22C ✓

G23. Before 1972, were you ever dusted for head lice or did you ever treat someone else for head lice?

- 1 ☒ Yes →
2 ☐ No
9 ☐ NA

G23A ✓

At what age did this first happen?

G23B ✓ Years

About how many times total did this happen before 1972?

G23C ✓ times

Section H: Demographic Factors

We are now almost finished with the interview. The last few questions will give us a little more background information about you.

H1. What is your present marital status?

H1

- 1 ___ Single (never married)
- 2 ___ Married, or living as married
- 3 ___ Widowed
- 4 ___ Separated, divorced,
or no longer living as married
- 9 ___ NA

H2. Would you describe yourself as: [READ OPTIONS]

H2A

- 1 ___ White
- 2 ___ Black
- 3 ___ American Indian, Eskimo
- 4 ___ Asian or Pacific Islander
- 5 ___ Other H2B
- 9 ___ NA

H3. Do you consider yourself to be Hispanic?

H3

- 1 ___ Yes
- 2 ___ No
- 9 ___ NA

H4. What is the highest level of school that you completed?

H4

- 1 ___ 0-8 years
- 2 ___ 9-12 years, but not a high
school graduate
- 3 ___ High school graduate (or GED)
- 4 ___ Technical or business school
- 5 ___ Some college
- 6 ___ College graduate
- 7 ___ Post-graduate or professional
degree
- 9 ___ NA

The following three questions all use the same card showing types of occupations. [SHOW CARD F]

- H5. Which of the following categories best describes the usual type of paid work you have done?

H5A

- 1 ___ Farmer, farm worker
- 2 ___ Service worker or laborer
- 3 ___ Craftworker, factory worker, mechanic
- 4 ___ Clerical worker, salesperson or technician
- 5 ___ Professional, administrator, executive
- 6 ___ Other (specify) H5B
- 7 ___ Never worked
- 9 ___ NA

- H6. Which of the following categories best describes the usual type of paid work your husband or partner has done?

H6A

- 0 ___ Never had partner or husband
- 1 ___ Farmer, farm worker
- 2 ___ Service worker or laborer
- 3 ___ Craftworker, factory worker, mechanic
- 4 ___ Clerical worker, salesperson or technician
- 5 ___ Professional, administrator, executive
- 6 ___ Other (specify) H6B
- 7 ___ Never worked
- 9 ___ NA

- H7. Which of the following categories best describes the usual type of paid work carried out by the head of your family household when you were young, about 10 - 14 years old?

H7A

- 0 ___ Did not have head of family household
- 1 ___ Farmer, farm worker
- 2 ___ Service worker or laborer
- 3 ___ Craftworker, factory worker, mechanic
- 4 ___ Clerical worker, salesperson or technician
- 5 ___ Professional, administrator, executive
- 6 ___ Other (specify) H7B
- 7 ___ Never worked
- 9 ___ NA

The next two questions refer to the types of communities shown on this card. [SHOW CARD G]

H8. In what kind of community did you spend most of your life before you were 18 years old?

H8

- 1 ___ Large city (population >100,000)
- 2 ___ Suburb of large city
- 3 ___ Town or city (pop. 50,000-100,000)
- 4 ___ Town or city (pop. 10,000-50,000)
- 5 ___ Town (pop. <10,000)
- 6 ___ Rural, non-farm (in the country, but not on a farm)
- 7 ___ On a farm
- 9 ___ NA

H9. In what kind of community did you spend most of your life since age 25?

H9

- 0 ___ Not that old yet
- 1 ___ Large city (population >100,000)
- 2 ___ Suburb of large city
- 3 ___ Town or city (pop. 50,000-100,000)
- 4 ___ Town or city (pop. 10,000-50,000)
- 5 ___ Town (pop. <10,000)
- 6 ___ Rural, non-farm (in the country, but not on a farm)
- 7 ___ On a farm
- 9 ___ NA

H10. Do you have a valid driver's license or Division of Motor Vehicles identification card?

1 ___ Yes →

2 ___ No

9 ___ NA

H10A

Is it issued by the state of North Carolina?

1 ___ Yes

2 ___ No

9 ___ NA

H10B

H11. Last year, what was your total family income, before taxes?
[SHOW CARD H]

H11

- 0 ___ Less than \$5,000
- 1 ___ \$5,000 to \$10,000
- 2 ___ \$10,000 to \$15,000
- 3 ___ \$15,000 to \$20,000
- 4 ___ \$20,000 to \$30,000
- 5 ___ \$30,000 to \$50,000
- 6 ___ \$50,000 to \$100,000
- 7 ___ More than \$100,000
- 8 ___ Don't know
- 9 ___ Refused

H12. How many people are supported by this income?

H12

___ People

Section I: Closing Comments

I1. Do you have any ideas about what may cause breast cancer?

I1

- 1 ___ Yes
 - 2 ___ No
 - 9 ___ NA
- > SKIP TO I3

I2. What do you think causes breast cancer?

I2A, I2B, I2C, I2D, I2E

Thank you for answering these questions.

I3. Before we end the interview part of the visit, do you have any comments about the interview or is there anything you would like to add that was not covered by the interview?

I3A
I3B
I3C

Again, thank you very much for your help with this interview.

SECTION J: INTERVIEWER REMARKS

Where was the interview conducted?

J1A

1 ___ Woman's home

2 ___ Other (Specify) J1B

Were other people present in the room during the interview?

J2

1 ___ Yes, the whole time

2 ___ Yes, for part(s) of the interview

3 ___ No

Respondent's cooperation was:

J3A

1 ___ Very good

2 ___ Good

3 ___ Fair

4 ___ Poor

5 ___ Other (Specify) J3B

The quality of the responses was:

J4A

1 ___ High quality

2 ___ Generally reliable

3 ___ Questionable

4 ___ Unsatisfactory

5 ___ Other (Specify) J4B

The respondent:

J5A
J5B
J5C

1 ___ Recalled all information

2 ___ Had trouble with amounts or frequencies

3 ___ Had trouble with dates

4 ___ Had trouble recalling overall

5 ___ Other (Specify) J5D, J5E, J5F

If respondent had difficulty recalling, check reason(s) for unsatisfactory or questionable information.

01 ___ Did not want to be more specific

02 ___ Did not understand or speak English well

J6A, J6B, J6C

03 ___ Was bored or uninterested

04 ___ Was upset, depressed or angry

05 ___ Had poor hearing or speech

06 ___ Was confused or distracted by frequent interruptions

07 ___ Was inhibited by others around her

08 ___ Was embarrassed by the subject matter

09 ___ Was emotionally unstable

10 ___ Was physically ill

11 ___ Other (Specify) J6D, J6E, J6F

ANTHROPOMETRIC MEASUREMENTS

1. HEIGHT: AN1 . ____ cm (to nearest 0.5 cm)

2. WEIGHT: AN2 . ____ kg (to nearest 0.5 kg)

3. Circumferences: (to nearest 0.5 cm)
Take third measurement if first 2 differ by more than 1.0 cm.

Waist: AN3A . ____ AN3B . ____ AN3C . ____

Hip: AN3D . ____ AN3E . ____ AN3F . ____

4. Over the past year, have you gained or lost more than 5 pounds?

1 ____ Yes

AN4

2 ____ No

—> SKIP to 6

9 ____ NA

5. How much weight have you:

Gained? AN5A

Lost?

AN5B

1 ____ 6-10 pounds

1 ____ 6-10 pounds

2 ____ 11-20 pounds

2 ____ 11-20 pounds

3 ____ 21+ pounds

3 ____ 21+ pounds

9 ____ NA

9 ____ NA

6. Were any modifications to the standard procedures made?

1 ____ Yes

AN6A

2 ____ No

If yes, please specify:

AN6B

7. Nurse-Interviewer Code: AN7