Cohort # ☐☐ MR centre # ☐☐ Participant # ☐☐☐☐ **Participant Initials** ☐☐☐ F M L

Today's date: ☐☐☐☐ *year* ☐☐ *month* ☐☐ *date*

Demographic Information

DE01. What is your date of birth? ☐☐☐☐ *year* ☐☐ *month* ☐☐ *date*

DE02. What is your sex? ☐ Male ☐ Female

Family Characteristics

FA01. What is your current marital status? Please choose the ONE that best describes your current situation.

- ☐ Married and/or living with a partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Single, never married

FA02. How many biological siblings (brothers and sisters) do you have? Please include those who have died and half siblings (one common parent), but step siblings or adopted siblings.

- ☐☐ Brothers
- ☐☐ Sisters
- ☐ Don't know

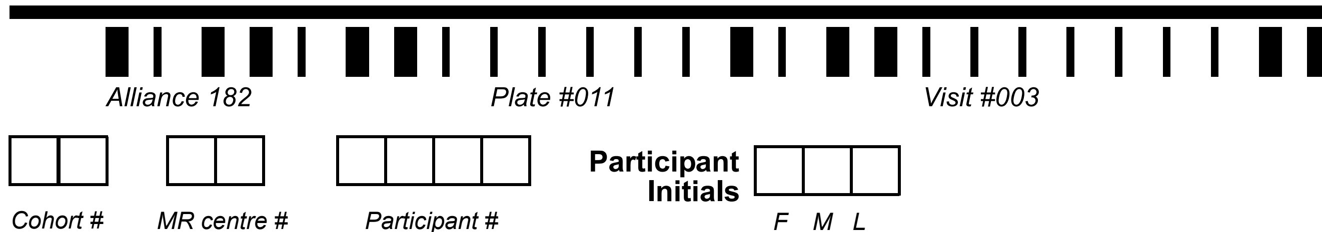
If "0" brothers and "0" sisters, or selected "don't know" skip to FA05.

FA03. How many of your biological siblings are, or were older than you? If you are part of a multiple birth (e.g/. twins, triplets, etc.), please treat all of the siblings that were born with you as being the same age as you, regardless the order in which you were actually born.

- ☐☐ Siblings older than me
- ☐ Don't know

FA04. Are you a twin or part of a multiple birth? Multiple births include twins, triplets, quadruplets, quintuplets, sextuplets, etc.

☐ Yes ☐ No ☐ Don't know



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FA05. Were you adopted?

☐ Yes ☐ No ☐ Don't know

Education Level

EL01. What is the highest level of education you have completed? (Choose ONE only)

- ☐ Elementary School
- ☐ High School
- ☐ Trade, technical or vocation school, apprenticeship training or technical CEGEP
- ☐ Diploma from a community college, pre-university CEGEP or non-university certificate
- ☐ University certificate below Bachelor's level
- ☐ Bachelor's degree
- ☐ Graduate degree (MSc, MBA, MD, PhD, etc.)
- ☐ None → Skip to Health Status-HS01

EL02. What was your age when you completed this level of education?

☐☐ yrs old when completed highest level of education

☐ Don't know

Health Status

HS01. How would you rate your general health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

HS02. When was the last time you had a routine medical check-up, undertaken by a doctor or a nurse? A medical check-up is a physical exam that usually includes at least a blood pressure measurement, and height and weight measurement.

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

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HS03. When was the last time you saw a dental professional, including a dentist or a hygienist?

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

HS04. When was the last time you had a Fecal Occult Blood Test or an FOBT? A Fecal Occult Blood Test or FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick or a small brush to smear a small sample on a special card. It is usually collected at home for two or three days in a row.

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

HS05. When was the last time you had a colonoscopy? A colonoscopy is an exam where a long tube is used to examine the entire colon for signs of cancer or other health problems. Before the procedure is done, you are usually given a sedative

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

HS06. When was the last time you had a sigmoidoscopy? A sigmoidoscopy is an exam where a flexible tube is inserted into the rectum and lower part of the large bowel to look for signs of cancer or other problems. The procedure does not usually require sedation.

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

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☐☐ *Cohort #* ☐☐ *MR centre #* ☐☐☐☐ *Participant #* **Participant Initials** ☐☐☐ *F M L*

HS07. Have you ever had a polyp removed from your colon? A polyp is an abnormal growth of tissue.

☐ Yes ☐ No ☐ Don't know

Men's Health

Women skip to Women's Health-WH01

MH01. When was the last time you had a PSA blood test? A PSA test is a specific blood test ordered by a doctor to test men for prostate cancer.

☐ Less than 6 months ago
☐ 6 months to less than 1 year ago
☐ 1 year to less than 2 years ago
☐ 2 years to less than 3 years ago
☐ 3 or more years ago
☐ Never
☐ Don't know

MH02. How many children have you fathered? Including live births only.

☐☐ Children

☐ Don't know

Women's Health

Men skip to Personal Medical History-PM01

WH01. How old were you when you had your first menstrual period?

☐☐ Age at first menstrual period

☐ Never had a menstrual period

☐ Don't know

WH02. Have you ever used any hormonal contraceptive for any reason? Hormonal contraceptives include birth control pills, implants, patches, injections, and rings or intra-uterine devices that release female hormones.

☐ Yes ☐ No → Skip to WH05
☐ Don't know → Skip to WH05

WH03. How old were you when you started using hormonal contraceptives?

☐☐ yrs old when started using hormonal contraceptives

☐ Don't know

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WH04. In total, how many years or months did you use or have been using hormonal contraceptives? Add up all the time that you used contraceptives even if you started and stopped several times.

☐☐ Years **OR** ☐☐ Months

☐ Don't know

WH05. How many times have you been pregnant, including live births, stillbirths, spontaneous miscarriages or therapeutic abortions?

☐☐ Number of pregnancies

☐ Never been pregnant → Skip to WH12

☐ Don't know → Skip to WH12

WH06. How old were you when you <u>first</u> became pregnant?

☐☐ yrs old at first pregnancy

☐ Don't know

WH07. Are you currently pregnant?

☐ Yes → In what week are you? ☐☐ weeks

If **YES** and it's your **FIRST** pregnancy, Skip to WH12

☐ No

☐ Don't know

WH08. Of your pregnancies, how many went to <u>20 weeks or more</u>? Please include all pregnancies, regardless of outcome.

☐☐ pregnancies

☐ Don't know

WH09. How many children have you given birth to, considering live births only?

☐☐ live births

☐ Don't know

Alliance 182 *Plate #015* *Visit #003*

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

WH10. How old were you when you last became pregnant?

☐☐ yrs old at last pregnancy

☐ Don't know

WH11. In total, how many months did you breastfeed or nurse your child or children for? Think about all the children you breastfed and the total number of months that you breastfed. Take the number of months that you breastfed each child and add them together. If you did not breastfeed any children, enter "0".

☐☐☐ months

☐ Don't know

WH12. Have you received hormone fertility treatment to help you get pregnant?

☐ Yes ☐ No ☐ Don't know

WH13. Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?

☐ Yes, natural menopause

☐ Yes, other reasons (surgery, chemotherapy, medication)

☐ No → Skip to WH15

☐ Don't know → Skip to WH15

WH14. How old were you when your menstrual periods stopped for at least one year and did not restart?

☐☐ yrs old when menstrual periods stopped

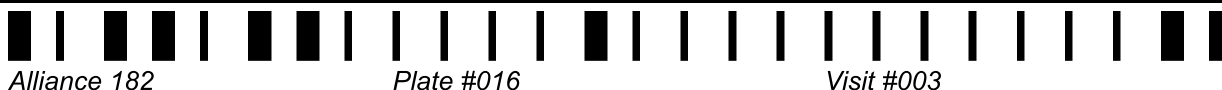
☐ Don't know

WH 15. Have you ever used hormone replacement therapy (HRT) for any reason? Hormone replacement therapy includes progesterone and/or estrogen. It includes all forms such as patches, rings, creams and other topical forms prescribed by a doctor. It does not include thyroid hormone treatment or hormonal contraceptives and it does not include other "natural" treatments that can be bought over the counter.

☐ Yes

☐ No → Skip to WH18

☐ Don't know → Skip to WH18



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WH16. How old were you when you started using hormone replacement therapy?

☐☐ yrs old when started using hormone replacement therapy

☐ Don't know

WH17. In total, for how many years or months did you use, or have you been using, hormone replacement therapy? Add up all the time that you used hormone replacement therapy even if you started and stopped several times.

☐☐ Years **OR** ☐☐ Months

☐ Don't know

WH18. Have you ever had a hysterectomy (an operation to have your uterus or womb removed)?

☐ Yes
☐ No → Skip to WH20
☐ Don't know → Skip to WH20

WH19. How old were you when you had your hysterectomy?

☐☐ yrs at hysterectomy

☐ Don't know

WH20. Have you ever had an operation to have your ovaries removed?

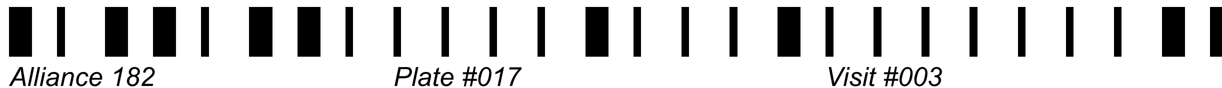
☐ Yes
☐ No → Skip to WH24
☐ Don't know → Skip to WH24

WH21. Did you have one or both ovaries removed?

☐ Both
☐ One → Skip to WH23
☐ Don't know → Skip to WH23

WH22. Were both of your ovaries removed at the same time?

☐ Yes ☐ No ☐ Don't know



Alliance 182 *Plate #017* *Visit #003*

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

WH23. How old were you when you had the <u>last</u> surgery?

☐☐ yrs at last surgery

☐ Don't know

WH24. When was the <u>last</u> time you had a mammogram? A mammogram is a low dose x-ray of the breast in a device that compresses and flattens the breast and is used as a screening test for breast cancer.

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

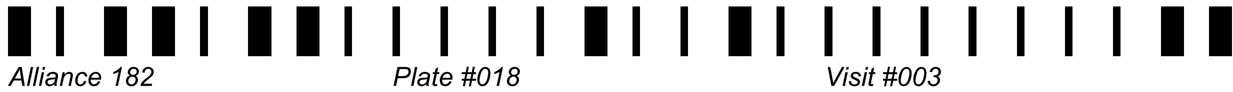
WH25. When was the <u>last</u> time you had a Pap test or a smear test? A Pap test (sometimes called a cervical smear) is a test performed by a doctor or a nurse where a sample of cells is taken from the cervix.

- ☐ Less than 6 months ago
- ☐ 6 months to less than 1 year ago
- ☐ 1 year to less than 2 years ago
- ☐ 2 years to less than 3 years ago
- ☐ 3 or more years ago
- ☐ Never
- ☐ Don't know

Personal medical history

PM01. Has a doctor ever told you that you had any of the following conditions? If yes, please provide your AGE when you were <u>first</u> diagnosed.

Condition	**Diagnosed**			
High blood pressure (hypertension, not including during pregnancy)	☐ Yes → age of first diagnosis ☐☐ yrs old	☐ No	☐ Don't know
Heart attack (Myocardial infarction)	☐ Yes → age of first diagnosis ☐☐ yrs old	☐ No	☐ Don't know
Stroke	☐ Yes → age of first diagnosis ☐☐ yrs old	☐ No	☐ Don't know
Asthma	☐ Yes → age of first diagnosis ☐☐ yrs old	☐ No	☐ Don't know
Chronic obstructive pulmonary disease	☐ Yes → age of first diagnosis ☐☐ yrs old	☐ No	☐ Don't know
Major depression	☐ Yes → age of first diagnosis ☐☐ yrs old	☐ No	☐ Don't know



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Cohort # | MR centre # | Participant # | **Participant Initials** F M L

Diabetes
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know
→ what type of diabetes?
☐ Gestational diabetes only ☐ Type II
☐ Type I ☐ Don't know

Liver cirrhosis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Chronic hepatitis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Crohn's disease
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Ulcerative colitis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Irritable bowel syndrome
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Eczema
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Lupus
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Psoriasis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Multiple Sclerosis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

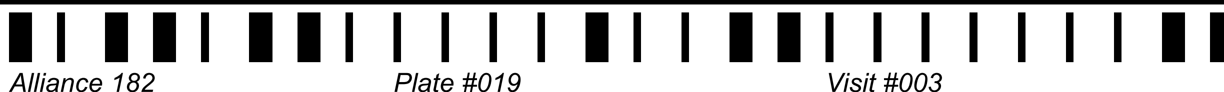
Osteoporosis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know

Arthritis
☐ Yes → age of first diagnosis ☐☐ yrs old ☐ No ☐ Don't know
→ what type of arthritis?
☐ Rheumatoid arthritis ☐ Osteoarthritis
☐ Other, specify____________________ ☐ Don't know

PM02. Has a doctor ever told you that you had cancer or a malignancy of any kind?

☐ Yes
☐ No
☐ Don't know

(No / Don't know →) Skip to PM04



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PM03. What TYPE of cancer was it and how OLD were you when the cancer was first diagnosed? If you have had cancer more than once, please choose each one separately.

First type of cancer:

Cancer Type:

☐ Bladder	☐ Leukemia	☐ Rectum
☐ Brain	☐ Liver	☐ Skin
☐ Breast	☐ Lung and Bronchus	☐ Stomach
☐ Cervix	☐ Lymphoma	☐ Thyroid
☐ Colon	☐ Non-Hodgkin Lymphoma	☐ Trachea
☐ Esophagus	☐ Ovary	☐ Uterus
☐ Kidney	☐ Pancreas	☐ Other, specify________________________
☐ Larynx	☐ Prostate	☐ Don't know

Age at first diagnosis:

☐☐ yrs old at first diagnosis

☐ Don't know

Treatment:

Did you receive treatment for this cancer?

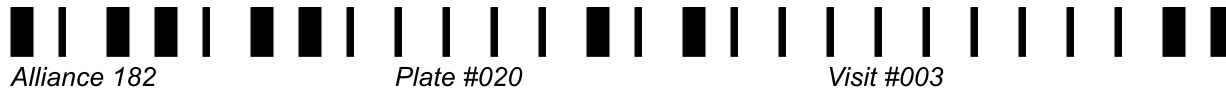
☐ Yes ☐ No ☐ Don't know

→ What type of treatment was it? (Choose all that apply)

☐ Chemotherapy ☐ Radiation ☐ Surgery

☐ Other, specify____________________

☐ Don't know



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☐ Not Applicable-I have only been diagnosed with one type of cancer → Skip to PM04.

Skip to PM04.

Second type of cancer:

Cancer Type:

- ☐ Bladder
- ☐ Brain
- ☐ Breast
- ☐ Cervix
- ☐ Colon
- ☐ Esophagus
- ☐ Kidney
- ☐ Larynx
- ☐ Leukemia
- ☐ Liver
- ☐ Lung and Bronchus
- ☐ Lymphoma
- ☐ Non-Hodgkin Lymphoma
- ☐ Ovary
- ☐ Pancreas
- ☐ Prostate
- ☐ Rectum
- ☐ Skin
- ☐ Stomach
- ☐ Thyroid
- ☐ Trachea
- ☐ Uterus
- ☐ Other, specify________________________
- ☐ Don't know

Age at first diagnosis:

☐☐ yrs old at first diagnosis

☐ Don't know

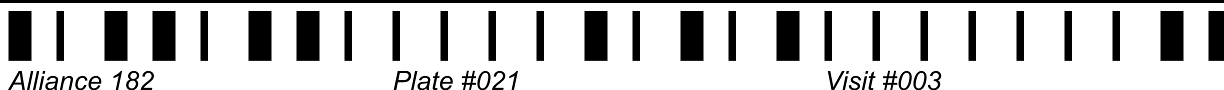
Treatment:

Did you receive treatment for this cancer?

☐ Yes ☐ No ☐ Don't know

→ What type of treatment was it? (Choose all that apply)

- ☐ Chemotherapy
- ☐ Radiation
- ☐ Surgery
- ☐ Other, specify____________________
- ☐ Don't know



Alliance 182 Plate #021 Visit #003

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

☐ Not Applicable-I have only been diagnosed with two types of cancer → Skip to PM04.

Third type of cancer:

Cancer Type:

☐ Bladder	☐ Leukemia	☐ Rectum
☐ Brain	☐ Liver	☐ Skin
☐ Breast	☐ Lung and Bronchus	☐ Stomach
☐ Cervix	☐ Lymphoma	☐ Thyroid
☐ Colon	☐ Non-Hodgkin Lymphoma	☐ Trachea
☐ Esophagus	☐ Ovary	☐ Uterus
☐ Kidney	☐ Pancreas	☐ Other, specify________________________
☐ Larynx	☐ Prostate	☐ Don’t know

Age at first diagnosis:

☐☐ yrs old at first diagnosis

☐ Don’t know

Treatment:

Did you receive treatment for this cancer?

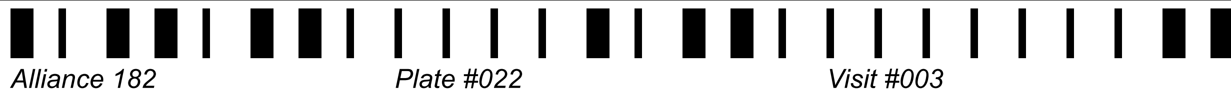
☐ Yes ☐ No ☐ Don’t know

→ What type of treatment was it? (Choose all that apply)

☐ Chemotherapy ☐ Radiation ☐ Surgery

☐ Other, specify____________________

☐ Don’t know



Alliance 182 Plate #022 Visit #003

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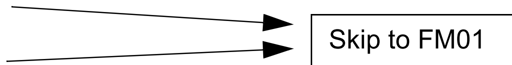
PM04. Do you have or have you had any other long-term health conditions?

- ☐ Yes
- ☐ No
- ☐ Don't know



Skip to FM01

Please list these long-term conditions.

Long term condition 1:______________________________

Long term condition 2:______________________________

Long term condition 3:______________________________

Long term condition 4:______________________________

Long term condition 5:______________________________

Long term condition 6:______________________________

Long term condition 7:______________________________

Long term condition 8:______________________________

Long term condition 9:______________________________

Long term condition 10:______________________________

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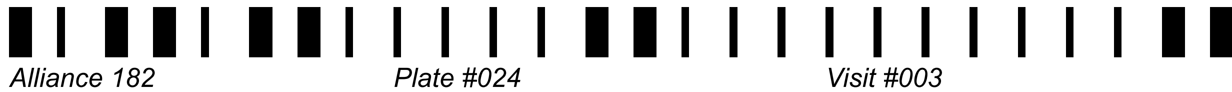
Family Health History

For your family health history, please **ONLY** include **immediate blood relatives**, including your mother, father, children, full and half brothers and sisters. Do NOT include relatives by marriage, stepbrothers, and stepsisters, parents by adoption, stepchildren or adopted children.

FM01. Have any of your immediate blood relatives ever been diagnosed by a medial doctor with any of the following long-term health conditions?

Mother

Heart attack (myocardial infarction)	☐ Yes	☐ No	☐ Don't know
Stroke	☐ Yes	☐ No	☐ Don't know
Diabetes	☐ Yes	☐ No	☐ Don't know
Chronic obstructive pulmonary disease	☐ Yes	☐ No	☐ Don't know
High blood pressure	☐ Yes	☐ No	☐ Don't know
Asthma	☐ Yes	☐ No	☐ Don't know
Major depression	☐ Yes	☐ No	☐ Don't know
Liver cirrhosis	☐ Yes	☐ No	☐ Don't know
Chronic hepatitis	☐ Yes	☐ No	☐ Don't know
Crohn's disease	☐ Yes	☐ No	☐ Don't know
Ulcerative colitis	☐ Yes	☐ No	☐ Don't know
Irritable bowel syndrome	☐ Yes	☐ No	☐ Don't know
Eczema	☐ Yes	☐ No	☐ Don't know
Lupus	☐ Yes	☐ No	☐ Don't know
Psoriasis	☐ Yes	☐ No	☐ Don't know
Multiple sclerosis	☐ Yes	☐ No	☐ Don't know
Osteoporosis	☐ Yes	☐ No	☐ Don't know
Arthritis	☐ Yes	☐ No	☐ Don't know



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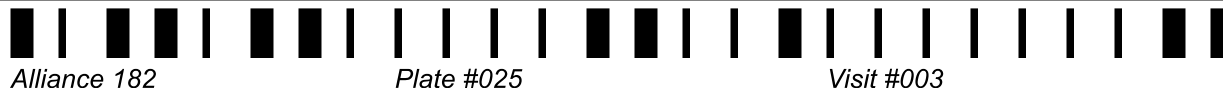
Father

Heart attack (myocardial infarction)	☐ Yes	☐ No	☐ Don’t know
Stroke	☐ Yes	☐ No	☐ Don’t know
Diabetes	☐ Yes	☐ No	☐ Don’t know
Chronic obstructive pulmonary disease	☐ Yes	☐ No	☐ Don’t know
High blood pressure	☐ Yes	☐ No	☐ Don’t know
Asthma	☐ Yes	☐ No	☐ Don’t know
Major depression	☐ Yes	☐ No	☐ Don’t know
Liver cirrhosis	☐ Yes	☐ No	☐ Don’t know
Chronic hepatitis	☐ Yes	☐ No	☐ Don’t know
Crohn’s disease	☐ Yes	☐ No	☐ Don’t know
Ulcerative colitis	☐ Yes	☐ No	☐ Don’t know
Irritable bowel syndrome	☐ Yes	☐ No	☐ Don’t know
Eczema	☐ Yes	☐ No	☐ Don’t know
Lupus	☐ Yes	☐ No	☐ Don’t know
Psoriasis	☐ Yes	☐ No	☐ Don’t know
Multiple sclerosis	☐ Yes	☐ No	☐ Don’t know
Osteoporosis	☐ Yes	☐ No	☐ Don’t know
Arthritis	☐ Yes	☐ No	☐ Don’t know



Cohort # | MR centre # | Participant # | **Participant Initials** F M L

Siblings

☐ Not Applicable-I do not have any siblings

Condition	Yes		No	Don't know
Heart attack (myocardial infarction)	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Stroke	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Diabetes	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Chronic obstructive pulmonary disease	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
High blood pressure	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Asthma	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Major depression	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Liver cirrhosis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Chronic hepatitis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Crohn's disease	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Ulcerative colitis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Irritable bowel syndrome	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Eczema	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Lupus	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Psoriasis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Multiple sclerosis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Osteoporosis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know
Arthritis	☐ Yes →	number of siblings ☐☐	☐ No	☐ Don't know

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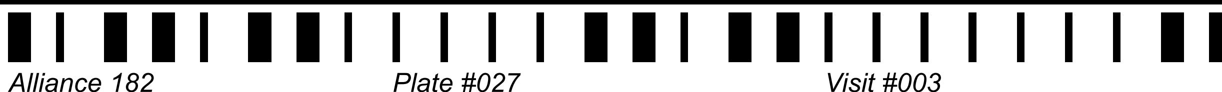
Children

☐ Not Applicable-I do not have any children

Condition	Yes		No	Don't know
Heart attack (myocardial infarction)	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Stroke	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Diabetes	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Chronic obstructive pulmonary disease	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
High blood pressure	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Asthma	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Major depression	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Liver cirrhosis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Chronic hepatitis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Crohn's disease	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Ulcerative colitis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Irritable bowel syndrome	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Eczema	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Lupus	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Psoriasis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Multiple sclerosis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Osteoporosis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know
Arthritis	☐ Yes →	number of children ☐☐	☐ No	☐ Don't know



Alliance 182 *Plate #027* *Visit #003*

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

FM02. Have any of your immediate blood relatives, including your mother, father, children, full and half brothers and sisters, ever been diagnosed with cancer?

- ☐ Yes
- ☐ No → Skip to SP01
- ☐ Don't know → Skip to SP01

FM03. Has your biological mother ever been diagnosed with cancer?

- ☐ Yes
- ☐ No → Skip to FM05
- ☐ Don't know → Skip to FM05

FM04. Which of the following types of cancer was your mother diagnosed with? (Choose ALL that apply)

- ☐ Bladder
- ☐ Brain
- ☐ Breast
- ☐ Cervix
- ☐ Colon
- ☐ Esophagus
- ☐ Kidney
- ☐ Larynx
- ☐ Leukemia
- ☐ Liver
- ☐ Lung and Bronchus
- ☐ Lymphoma
- ☐ Non-Hodgkin Lymphoma
- ☐ Ovary
- ☐ Pancreas
- ☐ Rectum
- ☐ Skin
- ☐ Stomach
- ☐ Thyroid
- ☐ Trachea
- ☐ Uterus
- ☐ Other, specify_______________
- ☐ Don't know

FM05. Has your biological father ever been diagnosed with cancer?

- ☐ Yes
- ☐ No → Skip to FM07
- ☐ Don't know → Skip to FM07

FM06. Which of the following types of cancer was your father diagnosed with? (Choose ALL that apply)

- ☐ Bladder
- ☐ Brain
- ☐ Breast
- ☐ Colon
- ☐ Esophagus
- ☐ Kidney
- ☐ Larynx
- ☐ Leukemia
- ☐ Liver
- ☐ Lung and Bronchus
- ☐ Lymphoma
- ☐ Non-Hodgkin Lymphoma
- ☐ Pancreas
- ☐ Prostate
- ☐ Rectum
- ☐ Skin
- ☐ Stomach
- ☐ Thyroid
- ☐ Trachea
- ☐ Other, specify_______________
- ☐ Don't know

Cohort # ☐☐ MR centre # ☐☐ Participant # ☐☐☐☐ **Participant Initials** ☐☐☐ F M L

FM07. Have any of your biological siblings ever been diagnosed with cancer?

☐ Yes → number of siblings ☐☐ ☐ Don't know

☐ No ☐ Don't know

☐ I do not have any siblings

FM08. Have any of your biological children ever been diagnosed with cancer?

☐ Yes → number of children ☐☐ ☐ Don't know

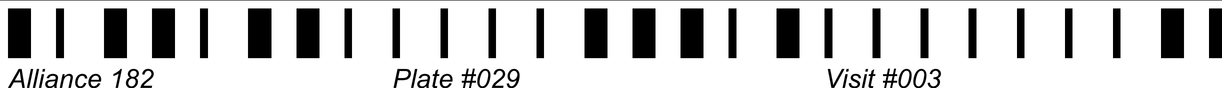
☐ No ☐ Don't know

☐ I do not have any children

If "NO" for FM07/FM08 **OR**
If "DO NOT HAVE ANY SIBLINGS AND CHILDREN" **OR**
If "DON'T KNOW" FOR FM07/FM08
SKIP TO SP01

FM09. For your biological siblings and children, please indicate how many siblings and children have been diagnosed with the cancer types listed below. Leave blank if none of your siblings or children have been diagnosed with a particular type of cancer.

Cancer Type	Number of siblings diagnosed	Number of children diagnosed
☐ Bladder	☐☐ number of siblings	☐☐ number of children
☐ Brain	☐☐ number of siblings	☐☐ number of children
☐ Breast	☐☐ number of siblings	☐☐ number of children
☐ Cervix	☐☐ number of siblings	☐☐ number of children
☐ Colon	☐☐ number of siblings	☐☐ number of children
☐ Esophagus	☐☐ number of siblings	☐☐ number of children
☐ Kidney	☐☐ number of siblings	☐☐ number of children
☐ Larynx	☐☐ number of siblings	☐☐ number of children
☐ Leukemia	☐☐ number of siblings	☐☐ number of children



Alliance 182 *Plate #029* *Visit #003*

☐☐ *Cohort #* ☐☐ *MR centre #* ☐☐☐☐ *Participant #* **Participant Initials** ☐☐☐ *F M L*

Cancer Type	Number of siblings diagnosed	Number of children diagnosed
☐ Liver	☐☐ number of siblings	☐☐ number of children
☐ Lung and Bronchus	☐☐ number of siblings	☐☐ number of children
☐ Lymphoma	☐☐ number of siblings	☐☐ number of children
☐ Non-Hodgkin Lymphoma	☐☐ number of siblings	☐☐ number of children
☐ Ovary	☐☐ number of siblings	☐☐ number of children
☐ Pancreas	☐☐ number of siblings	☐☐ number of children
☐ Prostate	☐☐ number of siblings	☐☐ number of children
☐ Rectum	☐☐ number of siblings	☐☐ number of children
☐ Skin	☐☐ number of siblings	☐☐ number of children
☐ Stomach	☐☐ number of siblings	☐☐ number of children
☐ Thyroid	☐☐ number of siblings	☐☐ number of children
☐ Trachea	☐☐ number of siblings	☐☐ number of children
☐ Uterus	☐☐ number of siblings	☐☐ number of children
☐ Other, specify_________________	☐☐ number of siblings	☐☐ number of children
☐ Don’t know	☐☐ number of siblings	☐☐ number of children

Sleep Pattern

SP01. On average, how many hours per day do you usually sleep, including naps? A day refers to a 24 hour period. Please think of the total amount of unbroken sleep.

☐☐ Hours **AND** ☐☐ Minutes

☐ Don’t know

SP02. How often do you have trouble going to sleep or staying asleep?

☐ None of the time ☐ A little of the time ☐ Some of the time

☐ Most of the time ☐ All the time ☐ Don’t know

Alliance 182 *Plate #030* *Visit #003*

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

SP03. On average, how much light enters your room while you are sleeping?

☐ Virtually no light ☐ Some light ☐ A lot of light ☐ Don't know

Sunlight

SU01. In the past 12 months, how many times have you used artificial tanning equipment such as a tanning bed, sunlamp or tanning light for any reason, including medical reasons?

☐ Never ☐ 1 to 4 times ☐ 5 to 9 times ☐ 10 to 14 times

☐ 15 to 19 times ☐ 20 to 24 times ☐ 25 or more times ☐ Don't know

SU02. After several months of not being in the sun, if you then went out in the sun during the summer in the middle of the day without sunscreen or protective clothing for one hour, which one of these would happen to your skin? If you do not go out in the sun, make your best guess of what would happen if you did.

☐ A severe sunburn with blisters ☐ A severe sunburn for a few days with peeling

☐ Mildly burnt with some tanning ☐ Turning darker without sunburn

☐ Nothing would happen in an hour ☐ Other

SU03. What is your natural hair colour? If your hair is now grey, please select the colour of your hair before it turned grey. (Choose ONE only)

☐ Blonde ☐ Red ☐ Light brown ☐ Dark brown ☐ Black

SU04. What is your natural eye colour? (Choose ONE only)

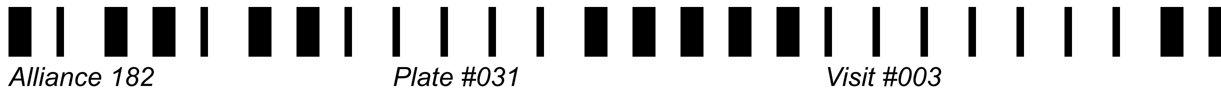
☐ Amber ☐ Blue ☐ Brown ☐ Grey ☐ Green ☐ Hazel ☐ Red (Albino)

Food consumed in a typical day

The next few questions ask about food you eat in a typical day. Since diet is a very important area, we will ask more about this in the future. Today we will ask only a few basic questions.

FC01. In a typical day, how many total servings of vegetables do you eat? A serving of fresh, frozen, canned or cooked leafy vegetables is about 1/2 cup or 125 ml.

☐☐ servings per day ☐ None ☐ Don't know



☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

FC02. In a typical day, how many total servings of fruits (not including fruit juice) do you eat? A serving is about 1/2 cup or 125 ml of fresh, frozen or canned fruit.

☐☐ servings per day ☐ None ☐ Don't know

FC03. In a typical day, how many total servings of 100% fruit or vegetable juice do you drink? This includes mixtures of fruit and vegetable juice, but not fruit drinks or fruit cocktails. A serving of fruit or vegetable juice is about 1/2 cup or 125 ml.

☐☐ servings per day ☐ None ☐ Don't know

Alcohol use

AU01. Have you ever consumed alcohol?

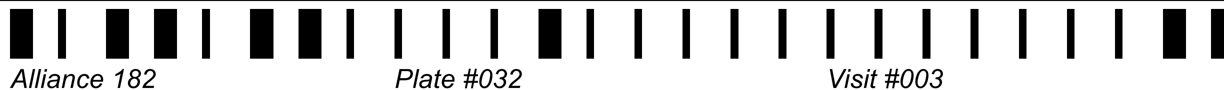
☐ Yes
☐ No → Skip to TU01
☐ Don't know → Skip to TU01

AU02. On average, over the last year, how often did you drink alcohol?

☐ 6 to 7 times a week ☐ 4 to 5 times a week ☐ 2 to 3 times a week ☐ Once a week
☐ 2 to 3 times a month → Skip to AU05
☐ About once a month → Skip to AU05
☐ Less than once a month → Skip to AU05
☐ Never → Skip to TU01
☐ Don't know → Skip to TU01

AU03. On average, how many drinks do you have during a typical week? A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), on bottle or can of beer, or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43ml) of liquor.

Red Wine	☐☐ drinks per week	☐ None	☐ Don't know
White Wine	☐☐ drinks per week	☐ None	☐ Don't know
Beer	☐☐ drinks per week	☐ None	☐ Don't know
Liquor/Spirits	☐☐ drinks per week	☐ None	☐ Don't know
Other alcohol	☐☐ drinks per week	☐ None	☐ Don't know



Alliance 182 Plate #032 Visit #003

Cohort # MR centre # Participant # **Participant Initials** F M L

AU04. During a typical week, do you drink alcohol mostly on weekend (or non working) days?

☐ Yes ☐ No

MEN ONLY- Women skip to AU06

AU05. During the past 12 months, how often did you have five or more drinks at the same sitting or occasion? A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), on bottle or can of beer, or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43ml) of liquor.

☐ 6 to 7 times a week ☐ 4 to 5 times a week ☐ 2 to 3 times a week ☐ Once a week

☐ 2 to 3 times a month ☐ About once a month ☐ Less than once a month ☐ Never ☐ Don't know

WOMEN ONLY- Men skip to Tobacco use TU01

AU06. During the past 12 months, how often did you have five or more drinks at the same sitting or occasion? A standard drink means one glass of wine or a wine cooler (142 ml, 5 ounces), on bottle or can of beer, or a glass of draft (341 ml, 12 ounces), one straight or mixed drink with 1.5 ounces (43ml) of liquor.

☐ 6 to 7 times a week ☐ 4 to 5 times a week ☐ 2 to 3 times a week ☐ Once a week

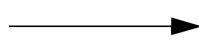
☐ 2 to 3 times a month ☐ About once a month ☐ Less than once a month ☐ Never ☐ Don't know

Tobacco use

This section is about tobacco. The first questions are about CIGARETTE SMOKING. The term "cigarette" refers to cigarettes that are bought ready-made as well as those you roll yourself. Do not include cigars, cigarillos, or pipes when you answer these first questions about cigarettes.

In this section, read the directions and follow the arrows carefully. There are different "paths" for non-smokers, daily smokers, and occasional smokers.

TU01. Have you smoked at least 100 cigarettes in your life? (about 4-5 packs)

☐ Yes  Skip to TU03 ☐ No ☐ Don't know

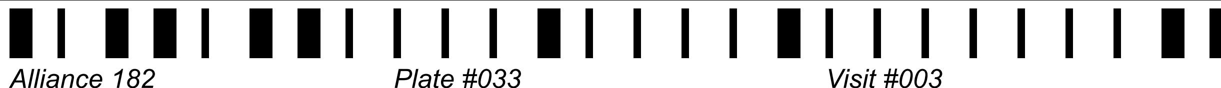
TU02. Have you ever smoked a whole cigarette?

☐ Yes

☐ No

☐ Don't know

Skip to TU16



Alliance 182 *Plate #033* *Visit #003*

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

TU03. At what age did you smoke your first whole cigarette?

☐☐ yrs old

TU04. At the present time, do you smoke cigarettes daily, occasionally, or not at all?

☐ Daily (at least one cigarette every day for the past 30 days) → Go to TU05

☐ Occasionally (at least one cigarette in the past 30 days, but not every day) → Go to TU09

☐ Not at all (you did not smoke at all in the past 30 days) → Go to TU11

TU05. At what age did you begin smoking cigarettes daily?

☐☐ yrs old

TU06. How many cigarettes do you smoke each day now?

☐ 1-5 cigarettes
☐ 6-10 cigarettes
☐ 11-15 cigarettes
☐ 16-20 cigarettes
☐ 21-25 cigarettes
☐ 26+ cigarettes → If 26+, how many? ☐☐

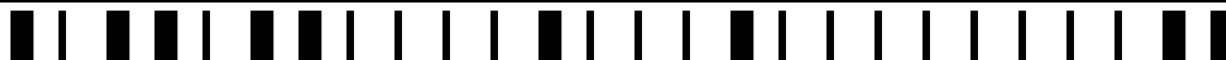
TU07. How many total years have you smoked daily?

☐☐ years

TU08. During the total years that you have smoked daily, about how many cigarettes per day have you usually smoked? (If your smoking pattern has changed over the years, make your best guess of the average number of cigarettes you have smoked per day).

☐ 1-5 cigarettes
☐ 6-10 cigarettes
☐ 11-15 cigarettes
☐ 16-20 cigarettes
☐ 21-25 cigarettes
☐ 26+ cigarettes → If 26+, how many? ☐☐

If you CURRENTLY smoke daily skip to TU16



Cohort # | MR centre # | Participant # | Participant Initials (F M L)

TU09. On how many of the last 30 days did you smoke at least one cigarette?

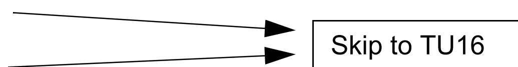
☐ 1-5 days ☐ 6-10 days ☐ 11-20 days ☐ 21-29 days

TU10. On the days that you smoked, how many cigarettes did you usually smoke?

☐ 1-5 cigarettes
☐ 6-10 cigarettes
☐ 11-15 cigarettes
☐ 16-20 cigarettes
☐ 21-25 cigarettes
☐ 26+ cigarettes

TU11. Have you ever smoked cigarettes daily? (At least one cigarette day for 30 days in a row)

☐ Yes
☐ No
☐ Don't know



Skip to TU16

TU12. At what age did you begin smoking cigarettes daily?

☐☐ yrs old

TU13. When you smoked daily, how many cigarettes did you usually smoke each day?

☐ 1-5 cigarettes
☐ 6-10 cigarettes
☐ 11-15 cigarettes
☐ 16-20 cigarettes
☐ 21-25 cigarettes
☐ 26+ cigarettes → If 26+, how many? ☐☐

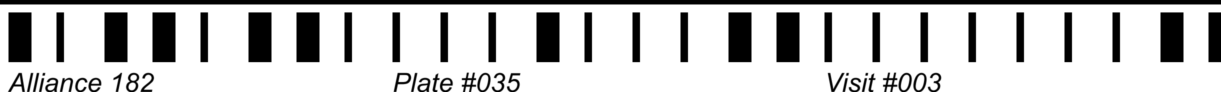
TU14. How many total years did you smoked daily?

☐☐ years

TU15. When did you stop smoking cigarettes daily?

☐ Less than 1 year ago ☐ 1 to 2 years ago ☐ 3 to 5 years ago

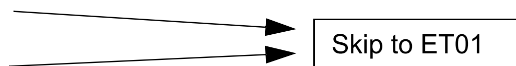
☐ More than 5 years ago ☐ Don't know



Cohort # ☐☐ MR centre # ☐☐ Participant # ☐☐☐☐ **Participant Initials** ☐☐☐ F M L

TU16. In your lifetime, have you ever used other types of tobacco on a regular basis and for a period of <u>at least six months</u>?

☐ Yes
☐ No
☐ Don't know



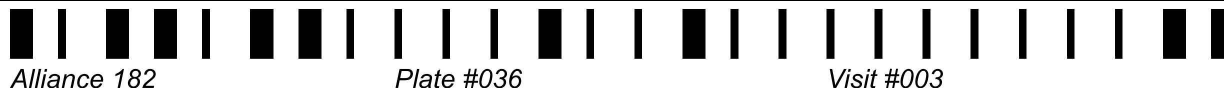
Skip to ET01 (No / Don't know)

TU17. What other types of products listed below have you ever used on a regular basis and for a period of <u>at least six months</u>?

Cigars	☐ Yes	☐ No	☐ Don't know
Small cigars (cigarillos)	☐ Yes	☐ No	☐ Don't know
Tobacco pipes	☐ Yes	☐ No	☐ Don't know
Chewing tobacco or snuff	☐ Yes	☐ No	☐ Don't know
Nicotine patches	☐ Yes	☐ No	☐ Don't know
Nicotine gum	☐ Yes	☐ No	☐ Don't know
Betel nut	☐ Yes	☐ No	☐ Don't know
Paan	☐ Yes	☐ No	☐ Don't know
Shessha	☐ Yes	☐ No	☐ Don't know
Other, specify_________________	☐ Yes	☐ No	☐ Don't know

TU18. Do you <u>currently</u> use any other types of products listed below?

Cigars	☐ Yes	☐ No	☐ Don't know
Small cigars (cigarillos)	☐ Yes	☐ No	☐ Don't know
Tobacco pipes	☐ Yes	☐ No	☐ Don't know
Chewing tobacco or snuff	☐ Yes	☐ No	☐ Don't know
Nicotine patches	☐ Yes	☐ No	☐ Don't know
Nicotine gum	☐ Yes	☐ No	☐ Don't know
Betel nut	☐ Yes	☐ No	☐ Don't know
Paan	☐ Yes	☐ No	☐ Don't know
Shessha	☐ Yes	☐ No	☐ Don't know
Other, specify_________________	☐ Yes	☐ No	☐ Don't know



Alliance 182 *Plate #036* *Visit #003*

☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

Environmental tobacco smoke

ET01. From birth until the age of 18, how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

☐☐ years ☐ None ☐ Don't know

ET02. As an adult, from age 18 years to now, how many years did you live with a person who smoked cigarettes, cigars or pipes inside your home?

☐☐ years ☐ None ☐ Don't know

ET03. At home, how often are you usually exposed to other people's tobacco smoke inside your home?

☐ Everyday ☐ Almost everyday ☐ At least once a week ☐ At least once a month

☐ Less than once a month ☐ Never ☐ Don't know

ET04. During leisure time outside of your home, how often are you usually exposed to other people's tobacco smoke?

☐ Everyday ☐ Almost everyday ☐ At least once a week ☐ At least once a month

☐ Less than once a month ☐ Never ☐ Don't know

ET05. As an adult, from age 18 years to now, how many years did you regularly work in an environment where other people smoked cigarettes, cigars or pipes in your presence?

☐☐ years ☐ None ☐ Don't know

ET06. At work, how often are you usually exposed to other people's tobacco smoke?

☐ Everyday ☐ Almost everyday ☐ At least once a week ☐ At least once a month

☐ Less than once a month ☐ Never ☐ Don't know

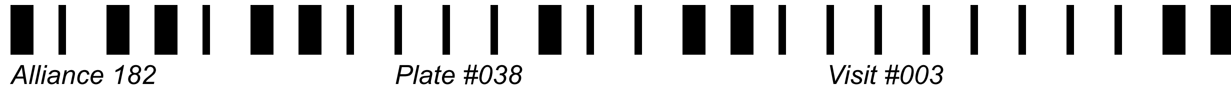
Alliance 182 Plate #037 Visit #003

			Participant Initials
Cohort #	MR centre #	Participant #	F M L

Ethnic Background

EB01. What is your ethnic background and the ethnic background of your biological parents? (Choose ALL that apply)

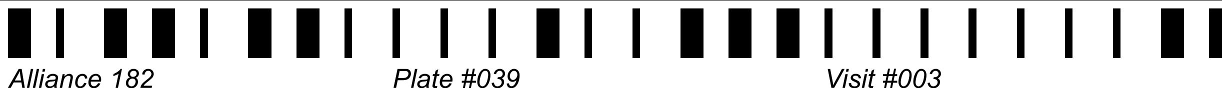
Ethnic background	You	Mother	Father
Aboriginal (e.g. First Nations, Métis, Inuit)	☐	☐	☐
Arab (e.g. Egypt, Iraq, Jordan, Lebanon)	☐	☐	☐
Black (e.g. African or Caribbean descent)	☐	☐	☐
East Asian (e.g. China, Japan, Korea, Taiwan)	☐	☐	☐
Filipino	☐	☐	☐
South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)	☐	☐	☐
Jewish	☐	☐	☐
Latin American/Hispanic	☐	☐	☐
South East Asian (e.g. Malaysia, Indonesia, Viet Nam)	☐	☐	☐
West Asian (e.g. Turkey, Iran, Afghanistan)	☐	☐	☐
White (European descent)	☐	☐	☐
Other ethnic group not listed above, please specify	☐	☐	☐
	specify__________	specify__________	specify__________
Don't know	☐	☐	☐



			Participant Initials	
Cohort #	MR centre #	Participant #	F M L	

EB02. In what country were you and your biological parents and grandparents born? (Choose only ONE per person)

Country of birth	You	Mother	Father	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Canada	☐	☐	☐	☐	☐	☐	☐
China	☐	☐	☐	☐	☐	☐	☐
France	☐	☐	☐	☐	☐	☐	☐
Germany	☐	☐	☐	☐	☐	☐	☐
Greece	☐	☐	☐	☐	☐	☐	☐
India	☐	☐	☐	☐	☐	☐	☐
Islamic Republic of Iran	☐	☐	☐	☐	☐	☐	☐
Ireland	☐	☐	☐	☐	☐	☐	☐
Italy	☐	☐	☐	☐	☐	☐	☐
Jamaica	☐	☐	☐	☐	☐	☐	☐
Republic of Korea	☐	☐	☐	☐	☐	☐	☐
Philippines	☐	☐	☐	☐	☐	☐	☐
Poland	☐	☐	☐	☐	☐	☐	☐
Portugal	☐	☐	☐	☐	☐	☐	☐
Russian Federation	☐	☐	☐	☐	☐	☐	☐
Ukraine	☐	☐	☐	☐	☐	☐	☐
United Kingdom	☐	☐	☐	☐	☐	☐	☐
United States	☐	☐	☐	☐	☐	☐	☐
Viet Nam	☐	☐	☐	☐	☐	☐	☐
Other country	☐	☐	☐	☐	☐	☐	☐
	specify: ______	specify: ______	specify: ______	specify: ______	specify: ______	specify: ______	specify: ______
Don't know	☐	☐	☐	☐	☐	☐	☐



Cohort # ☐☐ MR centre # ☐☐ Participant # ☐☐☐☐ **Participant Initials** ☐☐☐ F M L

If you were born in Canada skip to RE01

EB03. How old were you when you first came to Canada to live?

☐☐ yrs old when first came to Canada to live

☐ Don't know

Residence

RE01. In which city, town or village do you live? ____

RE02. What is your current postal code?

☐☐☐ ☐☐☐

RE03. How old were you when you started living in the dwelling where you live now?

☐☐ yrs old when started living at current location

☐ Don't know

RE04. Throughout your life to date, is the dwelling that you live in now, the one where you have lived for the longest period of time?

☐ Yes ☐ No ☐ Don't know

Languages

LS01. What is the language that you first learned at home in childhood and can still understand? Choose ALL that apply if more than one language was learned at the same time.

- ☐ English
- ☐ French
- ☐ Aboriginal Language(s)
- ☐ Arabic
- ☐ Bengali
- ☐ Cantonese
- ☐ Danish
- ☐ Dutch
- ☐ Farsi/Persian
- ☐ Finnish
- ☐ Gaelic
- ☐ German
- ☐ Greek
- ☐ Hindi
- ☐ Hungarian
- ☐ Icelandic
- ☐ Italian
- ☐ Korean
- ☐ Mandarin
- ☐ Norwegian
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Spanish
- ☐ Swedish
- ☐ Tagalog/Filipino
- ☐ Tamil
- ☐ Ukrainian
- ☐ Urdu
- ☐ Vietnamese
- ☐ Welsh
- ☐ Other, specify_______________

Alliance 182 *Plate #040* *Visit #003*

Cohort # MR centre # Participant # **Participant Initials** F M L

Working status

WS01. Which of the following best describes your current employment status? Full time means 30 hours or more per week. Part time means less than 30 hours per week. (Choose ALL that apply).

- ☐ Full time employed/self-employed
- ☐ Part time employed/self-employed
- ☐ Retired
- ☐ Looking after home and/or family
- ☐ Unable to work because of sickness or disability
- ☐ Unemployed
- ☐ Doing unpaid or voluntary work
- ☐ Student

→ If employed or self-employed (Full time or Part time) go to WS02. Otherwise, skip to WS07.

WS02. What is currently your main job title, meaning the job at which you work the most hours? Give as full description as you can (e.g. office clerk, factory worker, forestry technician)

Job title:____

☐ Don't know

WS03. What kind of business, industry or service do you work in?

____

☐ Don't know

WS04. How old were you when you started working at your current job?

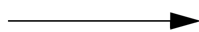
☐☐ yrs old when started at current job

☐ Don't know

WS05. Which one of following best describes your working schedule in your current job? A night shift is work during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight. (Choose ONE only)

- ☐ Regular daytime schedule or shift
- ☐ Regular evening shift
- ☐ Regular night shit
- ☐ Rotating shift, changing periodically from days to evenings or to nights
- ☐ Split shift, consisting of two or more distinct periods each day
- ☐ Irregular schedule, or on call
- ☐ Other, specify ________________________

Alliance 182 *Plate #041* *Visit #003*



☐☐ Cohort # ☐☐ MR centre # ☐☐☐☐ Participant # **Participant Initials** ☐☐☐ F M L

WS06. Is your current job the one you have worked in for the longest time (most number of years)?

☐ Yes → Skip to HI01 ☐ No

WS07. What was the title of the main job that you held for the longest time, meaning the one at which you worked the most hours? Refer to the jobs that you did when you were employed by someone else, or when you were self-employed. Give as full a description as you can (e.g. office clerk, factory worker, forestry technician.)

Job title:____

☐ Don't know

WS08. What kind of business, industry or service did you work in for the longest time (most number of years)?

____

☐ Don't know

WS09. Which one of following best describes your working schedule for the job that you held for the longest time? A night shift is working during the early hours of the morning, after midnight. An evening shift is work during the evening ending at or before midnight. (Choose ONE only)

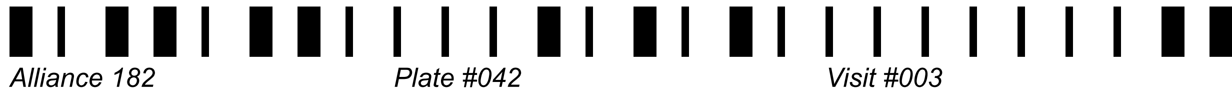
☐ Regular daytime schedule or shift
☐ Regular evening shift
☐ Regular night shit
☐ Rotating shift, changing periodically from days to evenings or to nights
☐ Split shift, consisting of two or more distinct periods each day
☐ Irregular schedule, or on call
☐ Other, specify ______________________________

Household income

The next question asks for your household income. We understand that this information is very private but the question is important because it helps to determine whether the study includes a wide range of participants.

HI01. What was your approximate total household income (from all sources)

☐ Less than $10,000
☐ $10,000-24,999
☐ $25,000-$49,999
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ $100,000-$149,999
☐ $150,000-$199,999
☐ $200,000 or more
☐ Don't know
☐ Prefer not to answer



Alliance 182 Plate #042 Visit #003

Cohort # MR centre # Participant # **Participant Initials** F M L

HI02. How many individuals does that income support, including children, parents and other persons living in your home and outside your home?

☐☐ individuals

☐ Don't know

HI03. How many adults (age 18 or older) including yourself are currently living in your household?

☐☐ adults

HI04. How many children (under 18 years of age) are currently living in your household?

☐☐ children