

Dear study member,

Thank you for your continued participation in the Breakthrough Generations Study, investigating the causes of breast cancer. Since we last wrote to you, the study has progressed extremely well: more than 113,000 women are now taking part and the first scientific results have been published.

Surprising as it may seem, it is now 6 years since you joined the study. As you will remember, the purpose of the study is to find out how lifestyles and events throughout life can affect a woman's risk of breast cancer. The causes of breast cancer act over many years, and so to find the causes it is crucial that, with your help, we track the continuing lifestyles and exposures of women in the study. We are therefore sending you this questionnaire, as we said we would when you joined the study, to ask about changes in your life since you filled in a similar questionnaire 6 years ago. We would be very grateful if you would complete it and send it back to us. We have made it shorter than the questionnaire you filled in when you joined the study, in order to make it practical, as far as possible, for all study members to complete it. We know that some of you would like it to be longer, including more topics or more detail, and others would wish it be shorter, and take less time – we hope that both will find the current length and contents manageable.

Thank you again for your contribution to the study: we are, with your help, collecting unique information to unravel the causes of this disease, and hence to be able to prevent it.

Yours sincerely,



Anthony Swerdlow, BM BCh PhD DM DSc FMedSci
Professor of Epidemiology



Alan Ashworth, BSc PhD FMedSci FRS
Professor of Molecular Biology

Confidentiality. As with all the information you have sent us, your answers will be treated in the strictest confidence and will not be disclosed to any third party, including your doctors, unless you have given us written permission to do so. The information you provide will only be used for statistical analyses. It will not be possible to identify individuals in any published results.

Blood Sample. Although we had planned, as we said in our Newsletter, to ask you if you would be willing to give a blood sample at this stage of the study, we have had to postpone this at present because of financial constraints. We plan to catch up with this in the future, if and when funds are available to do so.

How to answer

As previously, this questionnaire will be read by computer to make it practical to process questionnaires from the 112,000 women who are study members. Therefore, please would you write in black or blue ink and follow the instructions below:

- For questions requiring you to indicate a choice, please cross, not tick, the box of your answer, like this:

Yes ☒ No ☐
- If you have made a mistake, fill in the box with the wrong answer solidly and then cross the correct answer, like this:

Yes ☒ No ☒
- If you are asked to provide details in words or numbers, please answer in block capitals, writing one letter or number per space, like this:

H	I	P
---	---	---

 or

6	4
---	---
- If your answer requires fewer digits than the number of boxes available, please leave the other boxes blank, like this:

		6
--	--	---
- If you do not know the answer to a question, or the question does not apply to you, please leave it blank. Please do not strike through any sections of the questionnaire.

--	--	--	--	--	--	--	--	--	--
- If the text box is not long enough for you, please continue neatly after or underneath the box, like this:

F	O	R		M	O	R	E
T H A N 5 Y E A R S							
- If your answer requires a fraction, round this down. For instance, round down 5ft 9¾ inches to 5ft 9 inches.

5

 feet

9

 inches
- If there is not enough space for any of your answers, please complete them on the back page of the questionnaire, or write them on separate sheets and return them with the questionnaire. Please do not staple or stick the extra sheets to the questionnaire pages.

Several of the questions in the questionnaire ask about events in your life since you joined the study. According to our records you completed your recruitment questionnaire in 2012. In various questions below we therefore ask you about events since 1st January 2012. Thank you.

If you would like to talk to someone about the study or need help with any questions you find unclear, please call a member of the research team on 020 8722 4469. They will be pleased to help.

1: General information about you

1.1 Is your **name and address** on the questionnaire correct?

Yes ☐ No ☐

If no, please write your correct name and address here (in capitals):

Name First Name(s) Surname

Home Address

Postcode

1.2 Please confirm your date of birth

Day  Month  Year 

1.3 Telephone number(s) on which you may be contacted

Tel.1  Ext.  Day  Eve  Either 

Tel.2 Ext. Day Eve Either

1.4 Contacts. We have found that it can sometimes be difficult to re-contact study members when they have moved home. It would therefore be very helpful if you would give below the names of one or two individuals who live at different addresses from you, and whom you would be willing for us to contact should we lose touch with you, in order to ask them for your current contact details. We would not otherwise approach them for any purpose (unless they are already members of the study and we are writing to them as members in their own right). They don't need to be members of the Generations Study; it would simply be helpful to know of somebody who is likely to know your address should you move.

Contact 1: Name First Name(s) Surname

Home Address
.....
Postcode

Telephone No(s). 

Contact 2: Name
First Name(s) Surname

Home Address
..... Postcode

Telephone No(s).

1.5 What is your current **occupation**?

or ☐ not currently employed

1.6 What is your current **marital status**?

☐

Single, never married

☐

Married

☒

Cohabiting

☐

Widowed

☐

Separated/divorced

☐

Other, specify.....

2: Your body size and shape

2.1 **Your weight.** If it is practical, we would be grateful if you would weigh yourself on scales today, and write down your weight in light clothes without shoes. If that is not practical, please tell us your current weight as best you know it. (*If you are currently pregnant, tell us your pre-pregnancy weight.*)

- Current weight:

Stones

Lbs

or

Kilograms

- When was this measured?

☐

Today

☐

In the last few months

☐

Not measured, it is an estimate

Measurements (pre-pregnancy if you are currently pregnant)

2.2 What is your **waist circumference**? *If practical, please measure this in inches or centimetres around your waist, holding the tape measure about 1 inch above your umbilicus (belly button). If not practical, please give an estimate.*

Inches

or

Centimetres

- When was this measured?

☐

Today

☐

In the last few months

☐

Not measured, it is an estimate

2.3 What is your **hip circumference**? *If practical, please measure this in inches or centimetres around the widest part of your hips. If not practical, please give an estimate.*

Inches

or

Centimetres

- When was this measured?

☐

Today

☐

In the last few months

☐

Not measured, it is an estimate

2.4 What is your current **bra size**? (e.g. 36C, or 38FF)

If you are currently pregnant or breast feeding, please give your usual bra size before the pregnancy. If you have had a mastectomy, please enter your bra size before the surgery.

- Inches

- Cup size (*Cross only one option*)

☐

AA

☐

B

☐

D

☐

E

☐

F

☐

G

☐

J

☐

A

☐

C

☐

DD

☐

EE

☐

FF

☐

H

☐

Other, specify

3: Your menstrual cycle, menopause and pregnancies

Your periods in the last 12 months

3.1 Over the last 12 months, have you had any periods?

Yes ☐

No ☐

→If yes, continue to Question 3.2 on next page

If no, go to Question 3.4

- 3.2 How often did you usually have your periods i.e. how many days were there usually from the first day of one menstrual period to the first day of the next?

days or Don't know or ☐ Irregular cycles (could not predict within 5 days in either direction when the next period would start)

- 3.3 What was the usual number of days of flow?

days or Don't know or ☐ Irregular

Menopause

- 3.4 Have you reached the menopause (i.e. your periods have now stopped completely and you believe permanently, and your last period was at least six months ago)?

Yes ☐ No ☐ Don't know because I am taking hormone replacement therapy (HRT), and therefore am unsure whether I have reached natural menopause ☐

→ If yes

If no or don't know, go to Question 3.5

- How old were you when your periods stopped completely and permanently? years or Don't know ☐
- What was the reason for your periods stopping?

<input type="checkbox"/> Natural menopause	<input type="checkbox"/> Natural menopause while on HRT or contraception
<input type="checkbox"/> Surgery (e.g. hysterectomy/removal of ovaries)	<input type="checkbox"/> Chemotherapy or radiotherapy
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other, specify <input type="text"/>
- Before your last period how would you describe your cycle?

<input type="checkbox"/> Regular until my last period	<input type="checkbox"/> Irregular for <input type="text"/> years before my last period
<input type="checkbox"/> Always irregular	
- Did you ever have hot flushes during your menopause? Yes ☐ No ☐

Pregnancies

- 3.5 Since 1st January 2012 **have you been pregnant** (including any miscarriages, terminations, stillbirths or ectopic pregnancies)?

Yes ☐ No ☐ Don't know ☐

If no, go to Question 4.1

→ If yes, how many pregnancies have you had since 1st January 2012, including any that started in 2011 but ended in 2012, and including any current pregnancy

- 3.6 Are you currently pregnant?

Yes ☐ No ☐ Not sure ☐

- 3.7 Please give information below on each pregnancy since 1st January 2012, starting with the one longest ago. Please include any ectopic pregnancies, and any pregnancies that resulted in miscarriage, induced abortion or stillbirth, but **not** any current pregnancy.

Each column refers to a single pregnancy and needs to be filled in from top to bottom. The table is designed for up to 3 pregnancies. If you have had more than 3 pregnancies since 1st January 2012, please cross here and fill in the details of the 4th and later pregnancies on the back of the questionnaire.

(There is no need to enter pregnancies that ended before 1st January 2012, because you have already told us about these in your previous questionnaire).

Pregnancies ending 1st January 2012 or later

	Day	Mth	Year	Day	Mth	Year	Day	Mth	Year
3.8 Date child was born/ pregnancy ended	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.9 Outcome of pregnancy									
Single live born infant	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Twins, both live born	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Twins, one live born	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Twins, both stillborn	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Triplets or higher order birth (enter details on back page)	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Miscarriage	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Induced abortion	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Stillborn child	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Ectopic pregnancy	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
3.10 Length of pregnancy (weeks)	<input type="text"/>			<input type="text"/>			<input type="text"/>		
3.11 Did you have severe vomiting in the first 3 months of pregnancy? (i.e. every day for at least a week)									
Yes	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
No	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Don't know	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
3.12 Did you suffer from eclampsia or pre-eclampsia (raised blood pressure during pregnancy)?									
Yes	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
No	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Don't know	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
3.13 Sex of child, if known (if triplets or more please enter details on back page)									
Boy	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Girl	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
→If twins Boy-Boy	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Boy-Girl	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Girl-Girl	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
3.14 Birthweight, if known (if twins or triplets or more please enter details on back page)									
lbs, oz	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
or									
grams	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.15 Number of weeks breast fed (Enter 'CUR' if currently breastfeeding)	<input type="text"/>			<input type="text"/>			<input type="text"/>		
3.16 Did you receive pills or hormone injections to dry up your milk secretion?									
Yes	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
No	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

3.17 Since 1st January 2012, have you taken hormones to maintain a pregnancy (because you were at risk of miscarriage)?

Yes ☐ No ☐

4: Contraceptive pill, hormone replacement therapy and other hormonal treatments

4.1 Since 1st January 2012, have you at any time taken:

- The oral contraceptive pill ("the pill") Yes ☐ No ☐
- Other hormonal contraception (e.g. contraception that was injected or implanted under your skin or applied as a patch on your skin, or a hormone-containing contraceptive coil such as mirena). Yes ☐ No ☐
- Hormone replacement therapy (HRT) (hormonal treatment at or after your menopause or for pre-menopausal symptoms) Yes ☐ No ☐
- Fertility drugs or hormones to help you conceive Yes ☐ No ☐
- Any other sex hormone treatment (e.g. to prevent osteoporosis (bone loss) or heart disease, or to retain a more youthful appearance) Yes ☐ No ☐

→ If you replied 'yes' to any of the above, please give details of each period of use below. (If you stopped use and re-started again within 6 months, treat this as a single period of use; if you re-started 6 months or longer after stopping, enter this as a new episode.)

To help you remember the names, these are some common ones:

Oral contraceptives
 cilest femodene microgynon 30
 dianne logynon minovlar
 eugynon 30 marvelon ovranette

Other hormonal contraceptives
 depo-provera
 mirena coil

elleste duet
 estraderm
 evorel

HRT
 livial
 prempak
 prempak-C
 trisequens

- 1) **Type of hormone** ☐ The pill ☐ HRT ☐ Fertility drugs
☐ Injected hormonal contraception ☐ Other hormonal contraception ☐ Other sex hormone treatment

• Name of drug, if known

• Year started Year ended or ☐ Still using

- 2) **Type of hormone** ☐ The pill ☐ HRT ☐ Fertility drugs
☐ Injected hormonal contraception ☐ Other hormonal contraception ☐ Other sex hormone treatment

• Name of drug, if known

• Year started Year ended or ☐ Still using

If you have used hormonal contraceptives or treatments for more than 2 episodes since 1st January 2012, please cross this box and describe the type and name of drug, and years of use, on the back page. ☐

5: Mammograms, breast disease and breast surgery

Mammograms

5.1 Since 1st January 2012, have you had a mammogram (breast X-ray)?

Yes ☐ No ☐

5.2 If yes, please give details of the mammogram you had most **recently**:

• Was it for screening? Yes ☐ No ☐

• Year it was done

• Where was it done? Hospital/location

Town

Breast disease

5.3 Since 1st January 2012, have you been diagnosed by a doctor with any of the following. *(We already know about any breast diseases or injuries you had before 2012, from your previous questionnaire, so there is no need to enter them here. If, however, you have had any **new** conditions since 1st January 2012, including for instance a second breast cancer or second benign breast lump, please describe them below):*

Type of disease/ abnormality/injury	Yes	No	If yes, which breast was affected			If yes, year of diagnosis or injury
			Left	Right	Both	
• Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Breast pre-cancer ("in situ" or DCIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Benign breast cyst(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Benign breast lump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Breast fibroadenoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Breast fibrocystic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Mastitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Breast abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Serious breast injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Any other breast abnormality or condition – specify			<input type="text"/>			

• If you have had more than one occurrence of any of the above since 1st Jan 2012, please cross this box and describe the disease, side and year on the back page. ☐

• If you have had **breast cancer or breast pre-cancer** since 1st January 2012, would you be agreeable to the research team obtaining from your doctor or hospital a sample of the cancer or tumour you had removed, to be used for the Study research?

Yes, I do agree

☐

Your signature

No, I do not agree

☐

Date

Breast operations

5.4 Since 1st January 2012, have you undergone any breast operations, including biopsies and breast reduction or enlargement?

Yes ☐ No ☐

→If yes, what was the type of operation?

- | | |
|---|--|
| <input type="checkbox"/> A cyst or fluid drained or a cyst removed | <input type="checkbox"/> Breast reduction |
| <input type="checkbox"/> Aspiration (needle) biopsy | <input type="checkbox"/> Breast enlargement |
| <input type="checkbox"/> A small sample removed by surgery (biopsy) | <input type="checkbox"/> A whole breast removed |
| <input type="checkbox"/> Part of the breast(s) or a lump removed | <input type="checkbox"/> Both breasts removed |
| <input type="checkbox"/> Breast reconstruction | <input type="checkbox"/> Other, please specify |

• Where was the surgery done? Hospital

Town

• When was the operation? Month Year

• If you have had more than one breast operation since 1st January 2012, please cross this box and describe the operation, place and date on the back page. ☐

6: Your medical history**Cancer and benign tumours**

6.1 Since 1st January 2012, have you been diagnosed with any other type of cancer, or a benign tumour (other than in the breasts), including leukaemia, Hodgkin's disease or other lymphoma?

Yes ☐ No ☐

→If yes

If no, go to Question 6.2

• When was this diagnosed? Month Year

• What type of cancer or benign tumour was it?

Part of body: ☐ Ovary(s) ☐ Skin ☐ Cervix ☐ Uterus (womb)

☐ Colon or rectum (large bowel) ☐ Thyroid ☐ Other, please specify.....

Type of cancer or tumour:

☐ Cancer ☐ Hodgkin's disease ☐ Non-Hodgkin's lymphoma ☐ Basal cell carcinoma (bcc; rodent ulcer)

☐ Leukaemia ☐ Malignant melanoma ☐ Squamous cell carcinoma ☐ Benign tumour ☐ Cancer in-situ

☐ Other, please specify ☐ Don't know

- Yes, I do agree ☐ No, I do not agree ☐ Not applicable ☒

Your signature *Date*

- ## Drug treatments

- **Tamoxifen** (Soltanox, Nolvadex-D, Tamofen)? Yes ☐ No ☐
- **Raloxifene** (Evista)? Yes ☐ No ☐
- Any **other drug treatment** for cancer or pre-cancer? Yes ☐ No ☐

Name of the drug or regimen

- Date started**
- Mth Year
- Date stopped**
- Mth Year or ☐ **Still using**
- Hospital at which you were treated**
- Town**
- If you have had more than one episode of treatment with the above drugs since 1st January 2012, please cross this box and describe the above details on the back page.

Radiotherapy (X-radiation treatments)

6.3 Since 1st January 2012, have you had radiotherapy to your breasts, chest, neck or axilla (armpit)? Yes ☐ No ☐

→If 'yes', what was the condition for which you were treated?

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Breast cancer | <input type="checkbox"/> Hodgkin's disease | <input type="checkbox"/> Other cancer, specify..... |
| <input type="checkbox"/> Benign breast disease
(including mastitis) | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Other, specify..... |

Date treatment started

Date treatment stopped

Town

7: Your work

This section asks about some particular exposures at work that you might have had.

Late evening and night work

- 7.1** Since 1st January 2012, have you had any jobs that regularly involved work in the late evening or night (between 10 pm and 7 am) Yes ☒ No ☐

→ If 'yes',

	Type of job	Year started	Year ended (if continuing enter CONT)	Number of days per week working late evening or at night	Usual number of hours per day worked between 10pm and 7am on these days
1)	<div style="border: 1px solid black; height: 20px; width: 250px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 5%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 12%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 20%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 27%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 35%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 42%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 50%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 57%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 65%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 72%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 80%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 87%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 95%; width: 4%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 100px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 20%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 40%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 60%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 80%; width: 20%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 100px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 20%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 40%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 60%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 80%; width: 20%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 30px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 50%; width: 100%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 30px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 50%; width: 100%; border-left: 1px solid black;"></div></div>
2)	<div style="border: 1px solid black; height: 20px; width: 250px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 5%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 12%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 20%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 27%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 35%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 42%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 50%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 57%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 65%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 72%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 80%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 87%; width: 4%; border-left: 1px solid black;"></div><div style="position: absolute; left: 95%; width: 4%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 100px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 20%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 40%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 60%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 80%; width: 20%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 100px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 20%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 40%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 60%; width: 20%; border-left: 1px solid black;"></div><div style="position: absolute; left: 80%; width: 20%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 30px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 50%; width: 100%; border-left: 1px solid black;"></div></div>	<div style="border: 1px solid black; height: 20px; width: 30px; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; border-top: 1px solid black;"></div><div style="position: absolute; bottom: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div><div style="position: absolute; left: 50%; width: 100%; border-left: 1px solid black;"></div></div>

- If you have had more jobs since 1st January 2012 involving work at night, please cross this box and fill in details as above on the back page.

Physical activity

- 7.2** In the last 12 months, which of the following best describes your physical activity at work (*cross only one*):-

- ☐ Sedentary (spend most of the time sitting) ☐ Strenuous
- ☐ Standing or walking, but not strenuous activity ☐ Not applicable, I have not been working

Outdoors/indoors

- 7.3** In the last 10 years, has your work been


- ☐ All outdoors ☐ Mostly outdoors ☐ Partly outdoors, partly inside (or in a vehicle)
- ☐ All or almost all inside (or in a vehicle) ☐ Not applicable, I have not been working

8: Alcohol, smoking and your diet

Alcohol

- 8.1 Since 1st January 2012, have you drunk any alcoholic drinks? Yes ☐ No ☐

→If you have stopped drinking alcohol completely (not temporarily, e.g. because of pregnancy), at what age did you stop?



Years

8.2 In a usual week in the last 6 months, how much of the following would you typically drink (leave blank any types you did not drink, or that you drank less than once per week):

Red wine (glasses per week)

White wine (glasses per week)

Rosé wine (glasses per week)	
------------------------------	--

Sherry, liqueurs, Martini and other similar drinks (glasses per week)

Beer, lager, stout or cider
(pints per week)

Alcopops or spirits (e.g. vodka, gin, whisky, brandy) glasses (singles) per week

Other types of alcohol (glasses per week)	
--	--

If other, specify type 

8.3 On how many days in the last 7 days have you drunk alcohol? days

Smoking

8.4 Since 1st January 2012, have you at any time been a regular smoker?
(i.e. smoked most days for at least **6** months) Yes ☐ No ☐

→ If yes

8.5 How many cigarettes per day did you usually smoke?

8.6 Do you still smoke regularly? Yes ☐ No ☒ → If 'no', at what age did you stop? Years

Diet

8.7 In recent months, how often would you usually eat:

[illegible]

8.8 Since 1st January 2012, have you at any time been treated with or taken:

	Yes	No	If yes, for how long in total since 1 st January 2012			
			Years	Months	or	under 1 month
• Folic acid or folate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Cod liver oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Other fish oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Multivitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
• Other vitamins, specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

8.9 What type of **milk do you usually have?**

☐ Full fat ☐ Semi-skimmed ☐ Skimmed ☐ Goat's or sheep's milk
☐ Soya milk ☐ Other milk, please specify..... ☐ Don't drink or use milk

- How much milk do you usually drink per day (including milk added to coffee, tea or cereals)?

☐ None ☐ Less than ¼ pint ☐ About ¼ pint ☐ About ½ pint
☐ About ¾ pint ☐ About 1 pint ☐ About 1 ½ pints ☐ 2 or more pints

8.10 Coffee

- How often do you drink coffee?

☐ Never ☐ Less than once per week ☐ 1 – 6 cups per week
☐ 1 cup per day ☐ 2 – 3 cups per day ☐ 4 or more cups per day

- If you drink coffee, is it usually

☐ Instant ☐ Instant decaffeinated ☐ Ground (e.g. filter) ☐ Ground decaffeinated

8.11 Tea

- How often do you drink tea?

☐ Never ☐ Less than once per week ☐ 1 – 6 cups per week
☐ 1 cup per day ☐ 2 – 3 cups per day ☐ 4 or more cups per day

- If you drink tea, is it usually

☐ Black leaves
(e.g. PG Tips, Earl Grey)

☐ Black leaves
decaffeinated

☐ Green

☐ Fruit or herbal

9: Other factors

Sleeping pattern

(Please cross box)

☐ am (after midnight)

☐ pm (before midnight)

☐ midnight

- 9.1 Over the last year, at what time have you usually gone to sleep on weekdays?

 Hours

 Minutes

- 9.2 Over the last year how many hours per night have you usually slept? If you nap during the day, please add this to your total

 Hours

 Minutes

Handedness

- 9.3 Are you naturally ☐ Right handed ☐ Left handed ☐ Ambidextrous (use both hands with equal ease)

Hair colour

- 9.4 What was your natural hair colour aged 15 years? ☐ Blond ☐ Red/Auburn ☐ Pale brown
☐ Medium brown ☐ Dark brown ☐ Black ☐ Other – please specify.....

Sun

- 9.5 • If you had no tan and you sunbathed at noon for 2 hours every day without sunscreen in the UK in summer, would you:

☐ Always burn, never tan

☐ Burn and then tan slightly

☐ Burn moderately and tan gradually

☐ Burn minimally and tan easily

☐ Never or rarely burn, tan deeply

☐ Never burn, naturally dark skin

- Have you ever lived for a year or more in a country with hotter summers than the UK?

Yes ☐ No ☐

→If yes, for how many years in total?

For how many years in the last 10 years?

- In the last ten years have you been on a holiday abroad that was hotter than a UK summer?

Yes ☐ No ☐

→If yes, how many weeks per year usually?

- In the UK in summer how many hours per day do you spend out of doors during daylight hours?

On weekdays

At the weekend

Sunlamps

- 9.6 Have you ever used a sunlamp or sunbed to gain a tan, or for medical treatment (e.g. phototherapy for psoriasis)?

Yes ☐ No ☐

If yes, how many times have you used a sunbed/sunlamp (i) ever

(ii) in the last year

10: Physical activity

Exercise

10.1 Strenuous exercise. In a normal week during approximately April to September in the last year, how much time did you spend:

	No of days per week you usually did this	Total time per week you did this	
1) Doing sports or training sufficient to get you out of breath and make you sweat considerably? (e.g. jogging, exercise machine, tennis, swimming)	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
2) In activities at work that get you out of breath and make you sweat considerably? (e.g. lifting, climbing ladders, building work)	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
3) In any other activities not covered above that get you out of breath and make you sweat considerably?	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes

10.2 Running. If you go running or jogging, how many miles do you usually run per week?

10.3 Moderate & light exercise. In a normal week during approximately April to September in the last year, how much time did you spend doing the following. (Please do not duplicate here any activities you described above. For instance, if you are a competitive cyclist and entered this under the 'strenuous' section, do not also include it under the cycling question below):

	No of days per week you usually did this	Total time per week you did this	
1) Doing active housework? e.g. hoovering, bed making, hanging out washing, etc.	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
2) Doing other active jobs at home e.g. gardening, decorating, washing car, etc.	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
3) Walking, including to and from work, for your work, to the shops, and for pleasure?	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
4) Cycling, including to and from work, for your work, and for pleasure?	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
5) Moderate or light exercise at work, not covered above?	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes
6) Other moderate or light exercise e.g. non-strenuous recreations?	<input type="text"/> Days per week	<input type="text"/> Hours	<input type="text"/> Minutes

11: Space for extra details

If you had too little space for providing details to any questions above, or you have any further information or comments you want to add, including any serious illnesses since 1st January 2012 not mentioned above, please write here.

Question number	Additional details
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12: Online communications

If there are sufficient study members who would like to complete questionnaires online, we hope to offer an online questionnaire option in future. If you would be interested to complete future questionnaires online, please enter your e-mail address below, or register on the study website (<http://bgs.icr.ac.uk/>).

If you would prefer to communicate by post, do not enter an e-mail address, and we will continue to write to you.

Your e-mail address:

[illegible]

(Please print clearly)

Finally, thank you for completing this questionnaire. We appreciate the time and effort it has taken, and we are very grateful for your contribution. Please now add the date you completed this questionnaire and return it in the envelope provided.

Day Month Year

We will keep in touch to let you know how the study is progressing

Office use only:

A T

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The Breakthrough Generations Study Team
Sir Richard Doll Building
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15 Cotswold Road
Sutton, SURREY, SM2 5NG