Module 1: Background and Overall Health

[INTROM1] Welcome, [insert participant name]! This survey is split into sections. Each section has questions that ask you about a wide range of topics. Our goal is to collect information about your medical history, family, work, and health behaviors. You can answer all of the questions in each survey section at one time, or answer some questions, pause, and return to answer the rest later. If you pause, your answers will be saved and you can pick up where you left off. You can also skip any questions that you do not want to answer.

For some questions, you may see a word or phrase that appears as a button. Clicking the button will show more information that might help you answer the question. Here is an example. *[Text that appears when "example" is selected: This is an example of how additional information will be displayed.]*

Let's get started.

[INTROBAC] First, we are interested in learning some general information about you, your medical history, and your family history. This information will help us better understand your current health status. It will also help us understand how your health may be different from the health of other people.

Please remember that we protect your privacy. We remove information that can identify you from your survey answers before we share them with researchers.

Background Information [SECTION 1]

[AGECOR] To start, please tell us a bit about yourself.

A1. [AGECOR] Based on the information you provided when you enrolled in this study, you are [Age from Enrollment Questionnaire] years old today. Is that correct?

> 0 No ➔ **GO TO AGE**
>
> 1 Yes ➔ **GO TO MARITAL**

A1b. [AGE] How old are you today?

> Age: |__|__|➔ **GO TO MARITAL**

A2. [MARITAL] Are you now married, widowed, divorced, separated, never married, or living with a partner?

> 0   Never Married
> 1   Not married but living with partner
> 2   Married
> 3   Divorced
> 4   Widowed
> 5   Separated
> 99 Prefer not to answer

NO RESPONSE **➔ GO TO RACEETH**

A3. [RACEETH] Which categories describe you? Select all that apply. Note, you may select more than one group.

- 0 American Indian or Alaska Native
- 1 Asian
- 2 Black, African American, or African
- 3 Hispanic, Latino, or Spanish
- 4 Middle Eastern or North African
- 5 Native Hawaiian or other Pacific Islander
- 6 White
- 55 None of these fully describe me: Please describe [text box]
- *99* Prefer not to answer **➔ GO TO LANG**

NO RESPONSE **➔ GO TO LANG**

[DISPLAY RACEETH2 IF 00 SELECTED AT RACEETH]

A4. [RACEETH2] Which of these categories describes you best? Select all that apply.

- *0* American Indian
- *1* Alaska Native
- *2* Central or South American Indian
- 55 None of these fully describe me: Please describe [text box]
- 99 Prefer not to answer **➔ GO TO RACEETH3**
- *NO RESPONSE* **➔ GO TO RACEETH3**

[DISPLAY RACEETH3 IF 01 SELECTED AT RACEETH]

A6. [RACEETH3] [Previously RACEETH2] Which of these categories describes you best? Select all that apply.

- 0 Asian Indian
- 1 Cambodian
- 2 Chinese
- 3 Filipino
- 4 Hmong
- 5 Japanese
- 6 Korean
- 7 Pakistani
- 8 Vietnamese
- 55 None of these fully describe me: Please describe [text box]
- 99 Prefer not to answer

NO RESPONSE **➔ GO TO RACEETH4**

[DISPLAY RACEETH4 IF 02 SELECTED AT RACEETH]

A7. [RACEETH4] Which of these categories describes you best? Select all that apply.

0   African American

1   Barbadian

2   Caribbean

3   Ethiopian

4   Ghanaian

5   Haitian

6   Jamaican

7   Liberian

8   Nigerian

9   Somali

10 South African

55 None of these fully describe me: Please describe [text box]

99 Prefer not to answer

NO RESPONSE → ***GO TO RACEETH5***

[DISPLAY RACEETH5 IF 03 SELECTED AT RACEETH]

A8. [RACEETH5] [Previously RACEETH3] Which of these categories describes you best? Select all that apply.

0   Colombian

1   Cuban

2   Dominican

3   Ecuadorian

4   Honduran

5   Mexican or Mexican American

6   Puerto Rican

7   Salvadoran

8   Spanish

55 None of these fully describe me: Please describe [text box]

99 Prefer not to answer

NO RESPONSE → ***GO TO RACEETH6***

[DISPLAY RACEETH6 IF 04 SELECTED AT RACEETH]

A9. [RACEETH6] Which of these categories describes you best? Select all that apply.

0   Afghan

1   Algerian

2   Egyptian

3   Iranian

4   Iraqi

5   Israeli

6   Lebanese

7   Moroccan

8   Syrian

9   Tunisian
55   None of these fully describe me: Please describe [text box]
99   Prefer not to answer

NO RESPONSE ➔ *GO TO RACEETH7*

[DISPLAY RACEETH7 IF 05 SELECTED AT RACEETH]

A10. [RACEETH7] [Previously RACEETH4] Which of these categories describes you best? Select all that apply.

0   Chamorro
1   Chuukese
2   Fijian
3   Marshallese
4   Native Hawaiian
5   Palauan
6   Samoan
7   Tahitian
8   Tongan
55   None of these fully describe me: Please describe [text box]
99   Prefer not to answer

NO RESPONSE ➔ *GO TO RACEETH8*

[DISPLAY RACEETH8 IF 06 SELECTED AT RACEETH]

A11. [RACEETH8] Which of these categories describes you best? Select all that apply.

0   Dutch
1   English
2   European
3   French
4   German
5   Irish
6   Italian
7   Norwegian
8   Polish
9   Scottish
10   Spanish
55   None of these fully describe me: Please describe [text box]
99   Prefer not to answer

NO RESPONSE ➔ *GO TO LANG*

A12. [LANG] When you were a child, what language(s) did you **first** learn at home? Select all that apply.

0   English
1   Spanish

2 Spanish Creole

3 French

4 French Creole

5 Italian

6 Portuguese

7 German

8 Russian

9 Polish

10 Hindi

11 Chinese

12 Korean

13 Vietnamese

14 Tagalog

15 Ilocano

16 Japanese

17 Arabic

55 Other language(s): Please describe [text box]

NO RESPONSE → *GO TO SEX*

A13A. [SEX] Later questions in this survey will ask about surgeries and medical procedures, including to the sex organs you were born with. We want to ask questions that will make sense for you.

What was your biological sex assigned at birth?

0 Female→ **GO TO GEN**

1 Male→ **GO TO GEN**

2 Intersex or other→ *GO TO SEX2*

[DISPLAY IF SEX= 02 OR NON-RESPONSE]

A13B. [SEX2] Please select the body parts that you were born with.

0 Penis

1 Testes

2 Prostate

3 Vagina

4 Cervix

5 Uterus

6 Ovaries

7 Fallopian Tubes

A14. [GEN] Do you think of yourself as:

0 Female

1 Male

2   Transgender Male/Trans Man/Female-to-Male (FTM)
3   Transgender Female/Trans Woman/Male-to-Female (MTF)
4   Genderqueer, not exclusively male or female
55   Additional gender category: Please describe [text box]

99   Prefer not to answer

NO RESPONSE → GO TO STYLE

A15. [STYLE] A person's appearance, style, dress, or mannerisms (the way they walk or talk) may affect the way people think of them. On average, how do you think people would describe your appearance, style, dress, or mannerisms?

0 = Very feminine
1 = Mostly feminine
2 = Somewhat feminine
3 = Equally feminine and masculine
4 = Somewhat masculine
5 = Mostly masculine
6 = Very masculine

NO RESPONSE → GO TO SEXORIENT

A16. [SEXORIENT] Do you think of yourself as:

0   Straight or heterosexual
1   Lesbian, gay, or homosexual
2   Bisexual
55   Something else: Please describe [text box]
99   Prefer not to answer

NO RESPONSE → GO TO MEDICAL HISTORY SECTION

Medical History [SECTION 2]

[INTROMH] The next set of questions asks about medical conditions you may have or had in the past. Please answer "yes" to these questions **only if a doctor or other health professional** has told you that you have or had the condition. If you answer "yes," you will also be asked how old you were when a doctor or health professional told you that you have or had the condition. If it is easier to remember, you can instead share the year you were told that you have or had the condition.

We also ask about certain medical procedures you may have had.

Cancer

A16.

A17.   [SKINCANC] Has a doctor or other health professional ever told you that you have or had **non-melanoma skin cancer**?

        0   No → **GO TO MHGROUP1**

        1   Yes

        NO RESPONSE → *GO TO MHGROUP1*

A18.   [SKINCANC2] What type(s) of skin cancer did a doctor or other health professional tell you that you have or had? Select all that apply.

        0   Basal cell

        1   Squamous cell

        77 Don't know

        NO RESPONSE → *GO TO SKINCANC3*

A19.   [SKINCANC3] How old were you when a doctor or other health professional **first** told you that you have or had skin cancer?

        |__|__| Age

        Or, if it is easier to remember the year, enter that here:

        |__|__|__|__| Year

        NO RESPONSE → *GO TO MHGROUP1*

Cardiovascular Disease

Piped text: [IF SEX = 00 or 02, FILL "Please do not include hypertension during pregnancy."]

[IF SEX = 01, EXCLUDE "Please do not include hypertension during pregnancy."]

A20.   [MHGROUP1] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.

        0   B-12 Deficiency (Pernicious Anemia)

        1   Coronary Artery/Coronary Heart Disease

        2   Congestive Heart Failure

        3   High Cholesterol

        4   Heart Attack (Myocardial Infarction)

        5   Abnormal Heart Rhythm (Arrhythmia)

        6   Chest Pain (Angina)

        7   Heart Valve Problems

        8   High Blood Pressure (Hypertension) [Please do **not** include hypertension during pregnancy.]

        9   Blood Clots (Deep Vein Thrombosis, Pulmonary Embolism)

        10 Stroke

        88 I have **not** had any of these conditions → **GO TO MHGROUP2**

        NO RESPONSE → *GO TO MHGROUP2*

[DISPLAY IF MHGROUP1= 00]

A21. [ANEMIA] How old were you when a doctor or other health professional **first** told you that you have or had **vitamin B-12 deficiency (pernicious anemia)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO CVD*

[DISPLAY IF MHGROUP1= 01]

A22. [CVD] How old were you when a doctor or other health professional **first** told you that you have or had **coronary artery/coronary heart disease**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO CHF*

[DISPLAY IF MHGROUP1= 02]

A23. [CHF] How old were you when a doctor or other health professional **first** told you that you have or had **congestive heart failure**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO CHOL*

[DISPLAY IF MHGROUP1= 03]

A24. [CHOL] How old were you when a doctor or other health professional **first** told you that you have or had **high cholesterol**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO HEARTATT*

[DISPLAY IF MHGROUP1= 04]

A25. [HEARTATT] How old were you when a doctor or other health professional **first** told you that you have had **a heart attack (myocardial infarction)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO ARRHYT*

[DISPLAY IF MHGROUP1= 05]

A26.   [ARRHYT] How old were you when a doctor or other health professional **first** told you that you have or had **abnormal heart rhythm (arrhythmia)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO CHESTPAIN

[DISPLAY IF MHGROUP1= 06]

A27.   [CHESTPAIN] How old were you when a doctor or other health professional **first** told you that you have or had **chest pain (angina)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO HEARTVALV

[DISPLAY IF MHGROUP1= 07]

A28.   [HEARTVALV] How old were you when a doctor or other health professional **first** told you that you have or had **heart valve problems**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO HTN

[DISPLAY IF MHGROUP1= 08]

A29.   [HTN] How old were you when a doctor or other health professional **first** told you that you have or had **high blood pressure (hypertension)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO BLOODCLOT

[DISPLAY IF MHGROUP1= 09]

A30.   [BLOODCLOT] How old were you when a doctor or other health professional **first** told you that you have or had **blood clots (deep vein thrombosis, pulmonary embolism)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO STROKE

[DISPLAY IF MHGROUP1= 10]

A31.   [STROKE] How old were you when a doctor or other health professional **first** told you that you have had a **stroke**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO MHGROUP2*

Respiratory Problems

A32.   [MHGROUP2] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.
    0   Chronic lung disease (Emphysema, Chronic Bronchitis, or Chronic Obstructive Pulmonary Disease (COPD))
    1   Asthma
    2   Hay Fever (Allergic to pollen or Allergic Rhinitis)
    88   I have **not** had any of these conditions → **GO TO MHGROUP3**
    NO RESPONSE → *GO TO MHGROUP3*

[DISPLAY IF MHGROUP2= 00]

A33.   [COPD] How old were you when you a doctor or other health professional **first** told you that you have or had **chronic lung disease (emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD))**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO ASTHMA*

[DISPLAY IF MHGROUP2= 01]

A34.   [ASTHMA] How old were you when a doctor or other health professional **first** told you that you have or had **asthma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO HAYFEVER*

[DISPLAY IF MHGROUP2= 02]

A35.   [HAYFEVER] How old were you when a doctor or other health professional **first** told you that you have or had **hay fever (allergic rhinitis) or are allergic to pollen**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis

NO RESPONSE → *GO TO MHGROUP3*

Digestive System Problems

A36.   [MHGROUP3] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.
0   Esophageal Acid Reflux (GERD)
1   Barrett's Esophagus
2   Irritable Bowel Syndrome
3   Inflammatory Bowel Disease
4   Diverticulitis or Diverticulosis
5   Ulcerative Colitis
6   Crohn's Disease
7   Celiac Disease (also known as Gluten-Sensitive Enteropathy)
8   Gallstones (Biliary Stones)
9   Liver Cirrhosis
10   Pancreatitis
88   I have **not** had any of these conditions → **GO TO MHGROUP4**
NO RESPONSE → *GO TO MHGROUP4*

[DISPLAY IF MHGROUP3= 00]
A37.   [GERD] How old were you when a doctor or other health professional **first** told you that you have or had **esophageal acid reflux (GERD)**?
    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis
    NO RESPONSE → *GO TO BARESO*

[DISPLAY IF MHGROUP3= 01]
A38.   [BARESO] How old were you when a doctor or other health professional **first** told you that you have or had **Barrett's esophagus**?
    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis
    NO RESPONSE → *GO TO IBS*

[DISPLAY IF MHGROUP3= 02]
A39.   [IBS] How old were you when a doctor or other health professional **first** told you that you have or had **irritable bowel syndrome**?
    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis

NO RESPONSE ➔ *GO TO IBD*

[DISPLAY IF MHGROUP3= 03]

A40.   [IBD] How old were you when a doctor or other health professional **first** told you that you have or had **inflammatory bowel disease**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

NO RESPONSE ➔ *GO TO DIVERT*

[DISPLAY IF MHGROUP3= 04]

A41.   [DIVERT] How old were you when a doctor or other health professional **first** told you that you have or had **diverticulitis or diverticulosis**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

NO RESPONSE ➔ *GO TO UC*

[DISPLAY IF MHGROUP3= 05]

A42.   [UC] How old were you when a doctor or other health professional **first** told you that you have or had **ulcerative colitis**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

NO RESPONSE ➔ *GO TO CD*

[DISPLAY IF MHGROUP3= 06]

A43.   [CD] How old were you when a doctor or other health professional **first** told you that you have or had **Crohn's disease**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

NO RESPONSE ➔ *GO TO CCD*

[DISPLAY IF MHGROUP3= 07]

A44.   [CCD] How old were you when a doctor or other health professional **first** told you that you have or had **celiac disease (also known as gluten-sensitive enteropathy)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

NO RESPONSE ➔ *GO TO GALL*

[DISPLAY IF MHGROUP3= 08]

A45.   [GALL] How old were you when a doctor or other health professional **first** told you that you have or had **gallstones (biliary stones)**?

   |__|__| Age at diagnosis

   Or, if it is easier to remember the year, enter that here:
   |__|__|__|__| Year of diagnosis
   NO RESPONSE → GO TO LIVCIRR

[DISPLAY IF MHGROUP3= 09]
A46.   [LIVCIRR] How old were you when a doctor or other health professional **first** told you that you have or had **liver cirrhosis**?

   |__|__| Age at diagnosis

   Or, if it is easier to remember the year, enter that here:
   |__|__|__|__| Year of diagnosis
   NO RESPONSE → GO TO PANCREA

[DISPLAY IF MHGROUP3= 10]
A47.   [PANCREA] How old were you when a doctor or other health professional **first** told you that you have or had **pancreatitis**?

   |__|__| Age at diagnosis

   Or, if it is easier to remember the year, enter that here:
   |__|__|__|__| Year of diagnosis
   NO RESPONSE → GO TO MHGROUP4

A48.   [MHGROUP4] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.
   - 0   Thyroid Disorder (Overactive or Underactive Thyroid)
   - 1   Diabetes
   - 2   Graves' Disease
   - 88   I have **not** had any of these conditions → **GO TO MHGROUP5**

   NO RESPONSE → GO TO MHGROUP5

[DISPLAY IF MHGROUP4= 00]
A49.   [THYROID] How old were you when a doctor or other health professional **first** told you that you have or had a **thyroid disorder (overactive or underactive thyroid)**?

   |__|__| Age at diagnosis

   Or, if it is easier to remember the year, enter that here:
   |__|__|__|__| Year of diagnosis
   NO RESPONSE → GO TO DM

[DISPLAY IF MHGROUP4= 01]
A50.   [DM] Which type of **diabetes** did a doctor or other health professional tell you that you have or had?

       0   Type 1
       1   Type 2
       77 Don't know
       *NO RESPONSE → **GO TO DM2***

[DISPLAY IF MHGROUP4= 01]

A51.   [DM2] How old were you when a doctor or other health professional **first** told you that you have or had diabetes?

       |__|__| Age at diagnosis

       Or, if it is easier to remember the year, enter that here:
       |__|__|__|__| Year of diagnosis
       *NO RESPONSE → **GO TO GRAVES***

[DISPLAY IF MHGROUP4= 02]

A52.   [GRAVES] How old were you when a doctor or other health professional **first** told you that you have or had **Graves' disease**?

       |__|__| Age at diagnosis

       Or, if it is easier to remember the year, enter that here:
       |__|__|__|__| Year of diagnosis
       *NO RESPONSE → **GO TO MHGROUP5***

Kidney Disease

A53.   [MHGROUP5] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.

       0   Kidney Stones
       1   Chronic Kidney Disease (Also Known as Chronic Kidney Failure)
       88 I have **not** had any of these conditions → **GO TO MHGROUP6**

       *NO RESPONSE → **GO TO MHGROUP6***

[DISPLAY IF MHGROUP5= 00]

A54.   [KIDNEY] How old were you when a doctor or other health professional **first** told you that you have or had **kidney stones**?

       |__|__| Age at diagnosis

       Or, if it is easier to remember the year, enter that here:
       |__|__|__|__| Year of diagnosis
       *NO RESPONSE → **GO TO CKD***

[DISPLAY IF MHGROUP5= 01]

A55.   [CKD] How old were you when a doctor or other health professional **first** told you that you have or had **chronic kidney disease (also known as chronic kidney failure)**?

       |__|__| Age at diagnosis

       Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis
NO RESPONSE ➔ *GO TO MHGROUP6*

Systemic and Other Problems

A56.   [MHGROUP6] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.
        0   Rheumatoid Arthritis
        1   Lupus
        2   Gout
        88 I have **not** had any of these conditions ➔ **GO TO MHGROUP7**
        NO RESPONSE ➔ *GO TO MHGROUP7*

[DISPLAY IF MHGROUP6= 00]
A57.   [RA] How old were you when a doctor or other health professional **first** told you that you have or had **rheumatoid arthritis**?
        |__|__| Age at diagnosis

        Or, if it is easier to remember the year, enter that here:
        |__|__|__|__| Year of diagnosis
        NO RESPONSE ➔ *GO TO LUPUS*

[DISPLAY IF MHGROUP6= 01]
A58.   [LUPUS] How old were you when a doctor or other health professional **first** told you that you have or had **lupus**?
        |__|__| Age at diagnosis

        Or, if it is easier to remember the year, enter that here:
        |__|__|__|__| Year of diagnosis
        NO RESPONSE ➔ *GO TO GOUT*

[DISPLAY IF MHGROUP6= 02]
A59.   [GOUT] How old were you when a doctor or other health professional **first** told you that you have or had **gout**?
        |__|__| Age at diagnosis

        Or, if it is easier to remember the year, enter that here:
        |__|__|__|__| Year of diagnosis
        NO RESPONSE ➔ *GO TO STD/STI SECTION*

Sexually Transmitted Diseases and Infections

[INTROSTD] The following questions ask about conditions that may affect your reproductive system. Some questions ask about sexually transmitted diseases (STDs), which are infections that are spread by sexual contact. Please remember that we protect your privacy. We remove information that can identify you from your survey answers before we share them with researchers.

A60.   [MHGROUP7] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.
    0   Infectious Mononucleosis ("Mono" or "Kissing Disease")
    1   Shingles (Herpes Zoster)
    2   Chronic Hepatitis B or C
    3   Gonorrhea
    4   Chlamydia
    5   Trichomoniasis
    6   Syphilis
    7   Genital Warts
    8   HPV
    9   HIV/AIDS
    88   I have **not** had any of these conditions → **GO TO MHGROUP8**
    NO RESPONSE → *GO TO MHGROUP8*

[DISPLAY IF MHGROUP7= 00]
A61.   [MONO] How old were you when a doctor or other health professional **first** told you that you have or had **"mono" or "kissing disease" (infectious mononucleosis)?**
        |__|__| Age at diagnosis

        Or, if it is easier to remember the year, enter that here:
        |__|__|__|__| Year of diagnosis
        NO RESPONSE → *GO TO SHINGLES*

[DISPLAY IF MHGROUP7= 01]
A62.   [SHINGLES] How old were you when a doctor or other health professional **first** told you that you have or had **shingles (herpes zoster)**?
        |__|__| Age at diagnosis

        Or, if it is easier to remember the year, enter that here:
        |__|__|__|__| Year of diagnosis
        NO RESPONSE → *GO TO HBVHCV*

[DISPLAY IF MHGROUP7= 02]
A62.   [HBVHCV] How old were you when a doctor or other health professional **first** told you that you have or had **chronic hepatitis B or C**?
        |__|__| Age at diagnosis

        Or, if it is easier to remember the year, enter that here:
        |__|__|__|__| Year of diagnosis
        NO RESPONSE → *GO TO GONORR*

[DISPLAY IF MHGROUP7= 03]

A63.   [GONORR] How old were you when a doctor or other health professional **first** told you that you have or had **gonorrhea**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO CHLA

[DISPLAY IF MHGROUP7= 04]

A64.   [CHLA] How old were you when a doctor or other health professional **first** told you that you have or had **chlamydia**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO TRICH

[DISPLAY IF MHGROUP7= 05]

A65.   [TRICH] How old were you when a doctor or other health professional **first** told you that you have or had **trichomoniasis**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO SYPH

[DISPLAY IF MHGROUP7= 06]

A66.   [SYPH] How old were you when a doctor or other health professional **first** told you that you have or had **syphilis**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO GENWARTS

[DISPLAY IF MHGROUP7= 07]

A67.   [GENWARTS] How old were you when a doctor or other health professional **first** told you that you have or had **genital warts**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO HPV

[DISPLAY IF MHGROUP7= 08]

A68.   [HPV] How old were you when a doctor or other health professional **first** told you that you have or had **human papillomavirus** (**HPV)**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO HIVAIDS*

[DISPLAY IF MHGROUP7= 09]

A69.   [HIVAIDS] How old were you when a doctor or other health professional **first** told you that you have or had **HIV/AIDS**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO MHGROUP8*

Urinary and Reproductive System Problems

A70.   [MHGROUP8] Has a doctor or other health professional ever told you that you have or had any of these conditions? Select all that apply.
    0   Uterine Fibroids **[DISPLAY ONLY IF SEX = (00) OR (SEX= (02) AND SEX2 = (05))]**
    1   Endometriosis **[DISPLAY ONLY IF SEX = (00) OR (SEX= (02) AND SEX2 = (05))]**
    2   Polycystic Ovary Syndrome (PCOS) **[DISPLAY ONLY IF SEX = (00) OR (SEX= (02) AND SEX2 = (06))]**
    3   Enlarged Prostate **[DISPLAY ONLY IF SEX = (01) OR (SEX = (02) AND SEX2 = (02))]**
    4   Fibrocystic Breast, or other Benign Breast Disease(such as proliferative Benign Breast Disease or LCIS)
    5   Ductal Carcinoma in situ (DCIS)
    88   I have **not** had any of these conditions → **GO TO DEPRESSINTRO**
    NO RESPONSE → *GO TO DEPRESSINTRO*

[DISPLAY IF MHGROUP8= 00]

A71.   [UF] How old were you when a doctor or other health professional **first** told you that you have or had **uterine fibroids**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO ENDO*

[DISPLAY IF MHGROUP8= 01]

A72.   [ENDO] How old were you when a doctor or other health professional **first** told you that you have or had **endometriosis**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO ENDO2

[DISPLAY IF MHGROUP8= 01]

A73.   [ENDO2] Was your endometriosis confirmed by surgery?

　　1 Yes

　　0 No

NO RESPONSE → GO TO PCOS

[DISPLAY IF MHGROUP8= 02]

A74.   [PCOS] How old were you when a doctor or other health professional **first** told you that you have or had **polycystic ovary syndrome (PCOS)**?

　　　　|__|__| Age at diagnosis

　　　　Or, if it is easier to remember the year, enter that here:

　　　　|__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO ENLGPROS

[DISPLAY IF MHGROUP8= 03]

A75.   [ENLGPROS] How old were you when a doctor or other health professional **first** told you that you have or had an **enlarged prostate (benign prostatic hyperplasia (BPH))**?

　　　　|__|__| Age at diagnosis

　　　　Or, if it is easier to remember the year, enter that here:

　　　　|__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO BREASTDIS

[DISPLAY IF MHGROUP8= 04]

A76.   [BREASTDIS] How old were you when a doctor or other health professional **first** told you that you have or had **fibrocystic breasts, or other benign breast disease**?

　　　　|__|__| Age at diagnosis

　　　　Or, if it is easier to remember the year, enter that here:

　　　　|__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO BREASTDIS2

[DISPLAY IF MHGROUP8= 04]

A77.   [BREASTDIS2] When you were told that you have or had fibrocystic breasts, or other benign breast disease, was it **confirmed by biopsy?**

0   No

1   Yes

NO RESPONSE → GO TO BREASTDIS3

[DISPLAY IF MHGROUP8= 05, Ductal Carcinoma in situ (DCIS)]

[BREASTDIS3] How old were you when a doctor or other health professional first told you that you have or had ductal carcinoma *in situ* of the breast?

　　　　|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE GO TO BREASTDIS4

[DISPLAY IF MHGROUP8= 05, Ductal Carcinoma in situ (DCIS)]]
[BREASTDIS4] When you were told that you have or had ductal carcinoma *in situ* of the breast, was it confirmed by biopsy?
    0   No
    1   Yes
    NO RESPONSE GO TO DEPRESSINTRO

Depression

[DEPRESSINTRO]We are interested in learning about your mental health. The following question will ask whether you have ever been diagnosed with clinical depression (major depression, or major depressive disorder). Remember, all of the information you share is protected. We remove information that identifies you from your survey answers before we share them with researchers.

A77.   [DEPRESS] Has a doctor or other health professional ever told you that you have or had **clinical depression**?
    0   No → **GO TO INTROSURG**
    1   Yes
    NO RESPONSE → *GO TO INTROSURG*

A78.   [DEPRESS2] How old were you when a doctor or other health professional **first** told you that you have or had clinical depression?
    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis
    NO RESPONSE → *GO TO INTROSURG*

Surgical Procedures

[INTROSURG] The next questions ask about certain surgical procedures you may have had.

A80.   [MHGROUP9] Have you ever had any of these surgeries? Select all that apply.
    0   Tonsils removed (tonsillectomy)
    1   Gallbladder removed (cholecystectomy)
    2   Appendix removed (appendectomy)
    3   Liposuction
    4   Bariatric surgery (lap band, gastric bypass)
    5   Breast surgery
    6   Uterus removed (hysterectomy) **[DISPLAY IF SEX=00 or (SEX=02 AND SEX2=05)]**
    7   Tubes tied (tubal ligation) **[DISPLAY IF SEX=00 or (SEX=02 AND SEX2=07)]**
    8   Removal of one or both ovaries (oophorectomy) **[DISPLAY IF SEX=00 or (SEX=02 AND SEX2=06)]**
    9   Removal of one or both fallopian tubes (salpingectomy) **[DISPLAY IF SEX=00 or (SEX=02 AND SEX2=07)]**

10 Vasectomy **[DISPLAY IF SEX=01 or (SEX=02 AND SEX2=00 AND 01)]**
11 Removal of one or both testicles (orchiectomy or orchidectomy) **[DISPLAY IF SEX=01 or (SEX=02 AND SEX2=01)]**
12 Prostate removed (prostatectomy) **[DISPLAY IF SEX=01 or (SEX=02 AND SEX2=02)]**
13 Penis removed (penectomy) **[DISPLAY IF SEX=01 or (SEX=02 AND SEX2=00)]**
88 I have **not** had any of these surgeries → **GO TO BLDTRANS**
NO RESPONSE → *GO TO BLDTRANS*

[DISPLAY IF MHGROUP9= 00]
A81.   [TONSILS] How old were you when you had your **tonsils removed (tonsillectomy)**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO GALLREM*

[DISPLAY IF MHGROUP9= 01]
A82.   [GALLREM] How old were you when you had your **gallbladder removed (cholecystectomy)**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO APPEND*

[DISPLAY IF MHGROUP9= 02]
A83.   [APPEND] How old were you when you had your **appendix removed (appendectomy)**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO LIPOSUCT*

[DISPLAY IF MHGROUP9= 03]
A84.   [LIPOSUCT] How old were you when you **first** had **liposuction?**
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO BARSUR*

[DISPLAY IF MHGROUP9= 04]
A85.   [BARSUR] How old were you when you had your **bariatric surgery (lap band, gastric bypass)?**
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE ➔ *GO TO BREASTSUR*

[DISPLAY IF MHGROUP9= 05]
A86.   [BREASTSUR] Which of these **breast surgeries** have you had? Please do not include a biopsy.
Select all that apply.

>   0   Breast implants (augmentation surgery)
>   1   Breast lift surgery (mastopexy)
>   2   Breast reconstruction surgery
>   3   Breast reduction (reduction mammaplasty)
>   4   Removal of a part of my breast tissue (breast-conserving surgery (BCS), lumpectomy, partial mastectomy, or segmental mastectomy)
>   5   Removal of one breast (mastectomy)
>   6   Removal of both breasts (double or bilateral mastectomy)
>   7   Surgery for a breast abscess (such as incision and draining)
>   8   Removal of a lactiferous or milk duct (microdochectomy)
>   55   Other: Please describe [text box]
>   88   None of the above ➔ **GO TO HYSTER**

[DISPLAY IF BREASTSUR= 0]
A87.   [BREASTSUR0] How old were you when you had **breast implants surgery** (augmentation surgery)?
> |__|__| Age at surgery

>   Or, if it is easier to remember the year, enter that here:
> |__|__|__|__| Year of surgery
>   *NO RESPONSE* ➔ *GO TO BREASTSUR1*

[DISPLAY IF BREASTSUR= 1]
A88.   [BREASTSUR1] How old were you when you had **breast lift surgery** (mastopexy)?
> |__|__| Age at surgery

>   Or, if it is easier to remember the year, enter that here:
> |__|__|__|__| Year of surgery
>   *NO RESPONSE* ➔ *GO TO BREASTSUR2*

[DISPLAY IF BREASTSUR= 2]
A89.   [BREASTSUR2] How old were you when you had **breast reconstruction surgery**?
> |__|__| Age at surgery

>   Or, if it is easier to remember the year, enter that here:
> |__|__|__|__| Year of surgery
>   *NO RESPONSE* ➔ *GO TO BREASTSUR3*

[DISPLAY IF BREASTSUR= 3]

A90.   [BREASTSUR3] How old were you when you had **breast reduction surgery** (reduction mammaplasty)?
    |__|__| Age at surgery

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of surgery
    NO RESPONSE → GO TO BREASTSUR4

[DISPLAY IF BREASTSUR= 4]
A91.   [BREASTSUR4] How old were you when you had **surgery for removal of part of your breast tissue** (breast-conserving surgery (BCS), lumpectomy, partial mastectomy, or segmental mastectomy)?
    |__|__| Age at surgery

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of surgery
    NO RESPONSE → GO TO BREASTSUR5

[DISPLAY IF BREASTSUR= 5]
A92.   [BREASTSUR5] How old were you when you had **surgery for removal of one breast** (mastectomy)?
    |__|__| Age at surgery

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of surgery
    NO RESPONSE → GO TO BREASTSUR6

[DISPLAY IF BREASTSUR= 6]
A93.   [BREASTSUR6] How old were you when you had **surgery for removal of both breasts** (double or bilateral mastectomy)?
    |__|__| Age at surgery

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of surgery
    NO RESPONSE → GO TO BREASTSUR7

[DISPLAY IF BREASTSUR= 7]
A94.   [BREASTSUR7] How old were you when you had **surgery for a breast abscess** (mastectomy)?
    |__|__| Age at surgery

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of surgery
    NO RESPONSE → GO TO BREASTSUR8

[DISPLAY IF BREASTSUR= 8]
A95.   [BREASTSUR8] How old were you when you had **surgery for removal of a lactiferous or milk duct** (microdiscectomy)?
    |__|__| Age at surgery

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of surgery
NO RESPONSE → *GO TO BREASTSUR9*

[DISPLAY IF BREASTSUR= 55]
[FILL RESPONSE FROM BREASTSUR. IF NO TEXT PROVIDED AT BREASTSUR, FILL "ANOTHER TYPE OF BREAST SURGERY"]
A96.   [BREASTSUR9] How old were you when you had **[response from BREASTSUR/another type of breast surgery]**?
|__|__| Age at surgery

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of surgery
NO RESPONSE → *GO TO HYSTER*

[DISPLAY IF MHGROUP9= 06]
A97.   [HYSTER] How old were you when you had your **uterus removed (hysterectomy)**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO TUBLIG*

[DISPLAY IF MHGROUP9= 07]
A98.   [TUBLIG] How old were you when you had your **tubes tied (tubal ligation)**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO OVARYREM*

[DISPLAY IF MHGROUP9= 08]
A99.   [OVARYREM] Which of these best describes the type of **ovary removal surgery** that you had?
    0   I had surgery to remove one ovary
    1   I had surgery to remove both ovaries
    88   None of the above → **GO TO FTREM**
    NO RESPONSE → *GO TO FTREM*

A100.   [OVARYREM2] How old were you when you had one or both ovaries removed (oophorectomy)?
    If you have had more than one procedure, at what age did you **last** have this procedure?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis

NO RESPONSE → *GO TO FTREM*

[DISPLAY IF MHGROUP9= 09]

A101.   [FTREM] Which of these best describes the type of **fallopian tube removal surgery** that you had?

    0   I had surgery to remove one fallopian tube
    1   I had surgery to remove both fallopian tubes
    88 None of the above → **GO TO VASEC**
    NO RESPONSE → *GO TO VASEC*

A102.   [FTREM2] How old were you when you had one or both fallopian tubes removed (salpingectomy)? If you have had more than one procedure, at what age did you **last** have this procedure?

    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis
    NO RESPONSE → *GO TO VASEC*

[DISPLAY IF MHGROUP9= 10]

A103.   [VASEC] [Previously VASEC2] How old were you when you had a **vasectomy**?
    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis
    NO RESPONSE → *GO TO TESTREM*

[DISPLAY IF MHGROUP9= 11]

A104.   [TESTREM] Which of these best describes the type of **testicle removal surgery** that you had?
    0   I had surgery to remove one testicle
    1   I had surgery to remove both testicles
    88 None of the above → **GO TO PROSREM**
    NO RESPONSE → *GO TO PROSREM*

A105.   [TESTREM2] How old were you when you had one or both testicles removed (orchiectomy or orchidectomy)? If you have had more than one procedure, at what age did you **last** have this procedure?

    |__|__| Age at diagnosis

    Or, if it is easier to remember the year, enter that here:
    |__|__|__|__| Year of diagnosis
    NO RESPONSE → *GO TO PROSREM*

[DISPLAY IF MHGROUP9= 12]

A106.   [PROSREM] Which of these best describes the type of **prostate removal surgery** that you had?

0   I had surgery to remove part of my prostate
1   I had surgery to remove my whole prostate
88 None of the above → **GO TO PENREM**
NO RESPONSE → *GO TO PENREM*

A107.   [PROSREM2] How old were you when you had part or all of your prostate removed (prostatectomy)? If you have had more than one procedure, at what age did you **last** have this procedure?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → **GO TO PENREM**

[DISPLAY IF MHGROUP9= 13]
A108.   [PENREM] How old were you when you had your **penis removed (penectomy)**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis
NO RESPONSE → *GO TO BLDTRANS*

Blood Transfusion

A109.   [BLDTRANS] Have you ever had a **blood transfusion**?

0   No → *GO TO OVERHEALTH*
1   Yes
NO RESPONSE → *GO TO OVERHEALTH*

A79.   [BLDTRANS2] How many blood transfusions have you had in total?

|__|__| # of transfusions
NO RESPONSE → *GO TO BLDTRANS3*

[IF BLDTRANS2 > 1, GO TO BLDTRANS3]
[IF BLDTRANS2 = 0 OR NON-RESPONSE, *GO TO OVERHEALTH]*

A80.   [BLDTRANS3] How old were you when you had your **first** blood transfusion?
|__|__| Age at first transfusion

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year at first transfusion
NO RESPONSE → **GO TO BLDTRANS4**

[DISPLAY IF BLDTRANS2 > 1]

A81.   [BLDTRANS4] How old were you when you had your **last** blood transfusion?
       |__|__| Age at last transfusion

       Or, if it is easier to remember the year, enter that here:
       |__|__|__|__| Year at last transfusion
       NO RESPONSE → *GO TO OVERHEALTH*

General Health [SECTION 3]

[OVERHEALTH] Next, we have some questions about your general health. These questions are about things like your pain, physical features, and current health status.

A227. [OVERHEALTH] In general, how would you rate your overall health?
       0   Excellent
       1   Very Good
       2   Good
       3   Fair
       4   Poor
       NO RESPONSE → *GO TO PAIN*

Pain

A228. [PAIN] Over the **past three months**, have you felt any physical pain on most days?

       0   No → **GO TO WEIGHT**
       1   Yes
       NO RESPONSE → *GO TO WEIGHT*

A82.   [PAIN2] On a scale of 1 to 10, where 1 means a little pain and 10 means a lot of pain, how would you rate your physical pain?
       0   1 (a little pain)
       1   2
       2   3
       3   4
       4   5
       5   6
       6   7
       7   8
       8   9
       9   10 (a lot of pain)
       NO RESPONSE → *GO TO PAIN3*

A81.   [PAIN3] In the **past three months**, how much did the pain get in the way of your normal work?
       By work, we mean both housework and work outside of the home.
       0   Not at all
       1   A little bit
       2   A lot
       NO RESPONSE → *GO TO WEIGHT*

Height and weight

A80. [WEIGHT] How much do you weigh without clothes or shoes on? **[DISPLAY ADDITIONAL TEXT IF SEX=00 or 02:]** [If you are pregnant, how much did you weigh before your pregnancy?]

|__|__|__| #Pounds (lbs)
NO RESPONSE → *GO TO HEIGHTFEET*

A81. [HEIGHTFEET] How tall are you with your shoes off?

[HEIGHTFEET] |__| Feet   [HEIGHTINCH] |__|__| Inches
NO RESPONSE → *GO TO ADUHEIGHT*

A82. [ADUHEIGHT] How old were you when you reached your adult height? If you are not sure, please make your best guess.

|__|__| Age
NO RESPONSE → *GO TO AVEHEIGHT*

A83. [AVEHEIGHT] When you were about 10 years old, compared to average, would you describe yourself as…
0   Shorter than average
1   About average height
2   Taller than average
NO RESPONSE → *GO TO AVEWEIGHT*

A84. [AVEWEIGHT] When you were about 10 years old, compared to average, would you describe yourself as…
0   Thinner than average
1   About average build
2   Heavier than average
NO RESPONSE → *GO TO WEIGHT3Y*

A85. [WEIGHT3Y] How much did you weigh three years ago? If you don't know your exact weight, please make your best guess. **[DISPLAY ADDITIONAL TEXT IF SEX= 00 or 02:** If you were pregnant three years ago, how much did you weigh before your pregnancy?]

|__|__|__| #Pounds (lbs)
NO RESPONSE → *GO TO WEIGHTHIS*

A86. [WEIGHTHIS] The next questions ask about how much you weighed at different times in your life. If you don't remember your exact weight, please make your best guess. **[DISPLAY ADDITIONAL TEXT IF SEX=00 or 02:** If you were pregnant at any of these times, how much did you weigh before your pregnancy?] How much did you weigh when you were…

[DISPLAY ROW ONLY IF AGE DISPLAYED ≤ RESPONDENT'S CURRENT AGE]

	#POUNDS (lbs)
a. [WEIGHTHIS] 18 years old	|__|__|__|
b. [WEIGHTHIS2] 25 years old	|__|__|__|

c. [WEIGHTHIS3] 35 years old	|__|__|__|
d. [WEIGHTHIS4] 45 years old	|__|__|__|
e. [WEIGHTHIS5] 55 years old	|__|__|__|

NO RESPONSE → *GO TO SHORTER*

[Calculate percent loss between each interval in WEIGHTHIS]
[If ≥5% decrease in weight, then ask WTLOSS1 and WTLOSS2 for each interval]
[If <5% decrease in weight, GO TO SHORTER]

A87.   [WTLOSS1] Did you lose weight on purpose between ages [*X*] and [*Y*]?
    0   No
    1   Yes
    NO RESPONSE → *GO TO WTLOSS2*

A88.   [WTLOSS2] How did you lose weight between ages [X] and [Y]? Select all that apply.
    0   Changed diet
    1   Exercised
    2   Skipped meals
    3   Surgery
    4   Used diet pills/medications
    5   Started to smoke or began to smoke again
    55   Other: Please describe [text box]
    NO RESPONSE

[ALL LOOPS ARE FINISHED → GO TO SHORTER]

A89.   [SHORTER] Are you shorter now than when you were in your 20s and 30s?

    0   No → **GO TO CARWEIGHT**
    1   A little shorter
    2   A lot shorter
    NO RESPONSE → *GO TO CARWEIGHT*

A90.   [SHORTER2] How much shorter are you now than when you were in your 20s and 30s? If you are not sure, please make your best guess.
        \|__\|__\| Inches
        NO RESPONSE → *GO TO CARWEIGHT*

A91.   [CARWEIGHT] Where do you carry most of your weight on your body? Select all that apply.
    0   Around the chest or shoulders
    1   Around the waist or stomach
    2   Around the hips or thighs
    NO RESPONSE → *GO TO HAIRFEM*

Hair Pattern

[DISPLAY HAIRFEM IF SEX= 00 and GEN= 00]

A92.   [HAIRFEM] Which one of these figures most closely resembles your hair pattern **at age 40**?
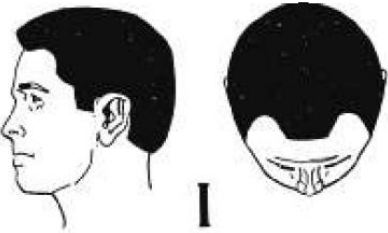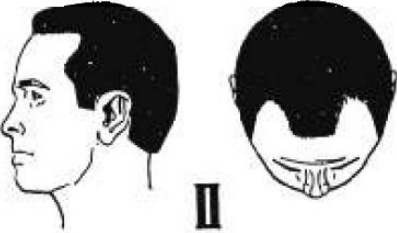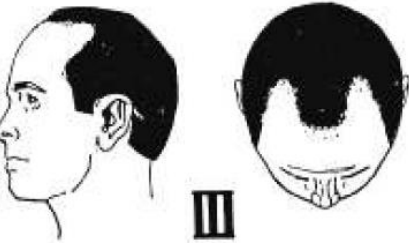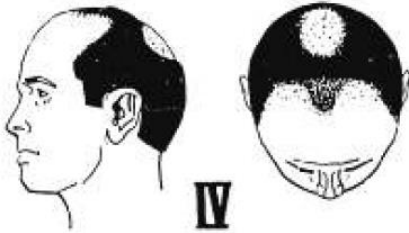
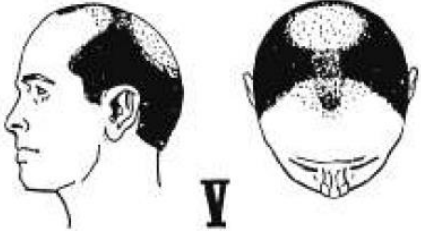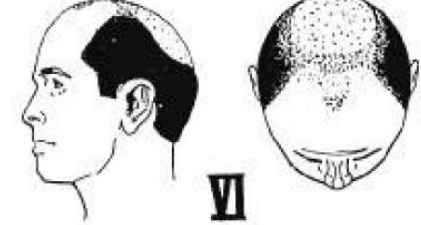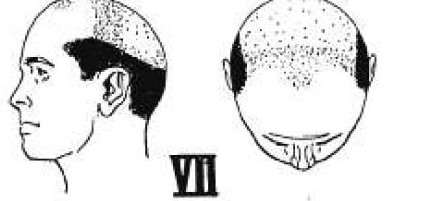| Original Female Images	Updated Text Description
	0 Full head of hair with no hair loss.
	1 Very mild hair loss or thinning of hair on the top of the head along the middle of the head.
	2 Mild hair loss on the top of the head along the middle of the head.
	3 Mild-to-moderate hair loss on the top of the head along the middle of the head.
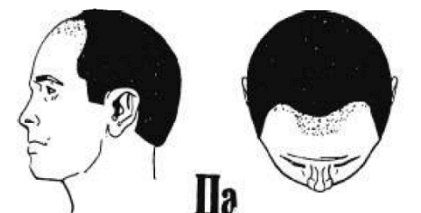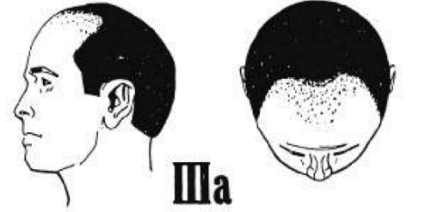
	4 Moderate hair loss on the top of the head along the middle of the head.
	5 Severe hair loss on the top of the head, but no hair loss at the forehead
	6 Severe hair loss on the top of the head, and the hair along the forehead is thinning.
	7 Severe hair loss on the top of the head from the forehead to the back of the ears.
	8 Moderate hair loss on the sides of the head at the forehead and moderate-to-severe hair loss on the top of the head.

NO RESPONSE → *GO TO HAIRMALE*

[DISPLAY IF SEX= 01 and GEN= 01]

A93.   [HAIRMALE] Which one of these figures most closely resembles your hair pattern **at age 40**?

Norwood Image	Updated Text (Reviewed 5.7.2020)
	0 Full head of hair with no hair loss.
	1 Mild hair loss at the sides of the forehead, but not as far back as the ears.
	2 Moderate hair loss at the sides of the forehead as far back as the ears, and mild loss from the center of the forehead.
	3 Mild hair loss on the sides of the forehead, but not as far back as the ears, and mild loss from the center of the forehead. Also, hair thinning on the top (crown) of the head.
	4 Moderate hair loss on the sides of the forehead as far back as the front of the ears, and moderate loss from the center of the forehead. Also, mild baldness on the top (crown) of the head. The two areas of hair loss are separated by a section of hair that goes across the top of the head.

	5 Moderate hair loss on the sides of the forehead, as far back as the middle of the ears. Also, moderate baldness on the top (crown) of the head. The two areas of hair loss are separated by a thin strip of hair that goes across the top of the head.
	6 Moderate hair loss on the sides and front of the forehead that are continuous with severe baldness on the top (crown) of the head. There is no clear strip of hair that separates these areas of balding.
	7 Severe hair loss on the sides and front of the forehead that are continuous with severe baldness on the top (crown) of the head. There is no clear strip of hair that separates these areas of balding. The hairline at the sides of the head is at, or below, the temples. Only a small strip of hair remains around the ears and at the back of the head.
FIG 2	8 Mild hair loss across the entire forehead, but not as far back as the ears.
	9 Moderate hair loss across the entire forehead, as far back as the middle of the ears.
	10 Severe hair loss across the entire forehead, as far back as the back of the ears.
	11 Severe hair loss across the entire forehead, beyond the back of the ears.

NO RESPONSE → *GO TO HRMED*

A245.   [HRMED] Have you ever used medication to treat **thinning hair or hair loss**?

    0   No **→ GO TO *ACNE***
    1   Yes
    NO RESPONSE → GO TO ACNE

A94.   [HRMED2] What medication did you use to treat thinning hair or hair loss? Select all that apply.
    0   Rogaine®, Minoxidil, or Loniten®
    1   [Finasteride] **[DISPLAY IF SEX=01 or 03]**
    55 Other: Please describe [text box]
    NO RESPONSE → GO TO ACNE

A95.   [HRMED3] How old were you when you **first** used medication to treat thinning hair or hair loss?

        |__|__| Age
    NO RESPONSE → GO TO HRMED4

A96.   [HRMED4] How old were you when you **last** used medication to treat thinning hair or hair loss?
    If you are currently using medication to treat thinning hair or hair loss, enter your current age.

        |__|__| Age
    NO RESPONSE → GO TO ACNE

Acne

254. [ACNE] Have you ever seen a doctor or other health professional for **severe or ongoing acne**?

    0   No **→ GO TO** FAMHISTINTRO
    1   Yes
    NO RESPONSE → GO TO FAMHISTINTRO

255. [ACNE2] How old were you when you **first** saw a doctor or other health professional for severe or ongoing acne?

    |__|__| Age
    NO RESPONSE → GO TO ACNEMED

256. [ACNEMED] Have you ever used prescription medication to treat the severe or ongoing acne?

    0   No **→ GO TO** FAMHISTINTRO
    1   Yes
    NO RESPONSE → GO TO FAMHISTINTRO

257. [ACNEMED2] How old were you when you **first** used prescription medication to treat the severe or ongoing acne?
    |__|__| Age
    NO RESPONSE → GO TO ACNEMED3

258. [ACNEMED3] How old were you when you **last** used prescription medication to treat the severe or ongoing acne? If you are currently using this prescription medication, enter your current age.
    |__|__| Age
    NO RESPONSE → GO TO FAMHISTINTRO

Family History [SECTION 4]

[FAMHISTINTRO] The next questions are about your family history. These questions ask about your parents, siblings, and children, and their health histories. Please remember that you can skip any questions that you are not comfortable answering.

A104.   [ADOPTFOST] Were you adopted or a foster child?
     0   No
     1   Yes

     *NO RESPONSE → **GO TO MULTBIRTH***

A105.   [MULTBIRTH] Were you born a twin, triplet, or other multiple?
     0   No
     1   Yes, identical twins
     2   Yes, fraternal twins (not identical)
     3   Yes, triplets or higher multiple birth

     *NO RESPONSE → **GO TO MOM***

[MOM] The next questions ask about your family and if people in your family have had **cancer**.

Parents

A106.   [MOM] Is your biological mother still living?
     0   No **→ GO TO MOMDEATH**
     1   Yes **→ GO TO MOMAGE**
     77 Don't know **→ GO TO MOMCANC**
     *NO RESPONSE → **GO TO MOMCANC***

A107.   [MOMAGE] How old is your mother today?
     |__|__|__| Mother's age **→ GO TO MOMCANC**
     77 Don't know **→ GO TO MOMCANC**
     *NO RESPONSE → **GO TO MOMCANC***

A108.   [MOMDEATH] At what age did your mother die?
     |__|__|__| Mother's age
     77 Don't know
     *NO RESPONSE → **GO TO MOMCANC***

A109.   [MOMCANC] **[If MOM=01]** Has a doctor or other health professional ever said that your mother has or had any type of **cancer**? **[If MOM=00, 77, NON-RESPONSE]** Did a doctor or other health professional ever say that your mother had any type of **cancer**?
     0   No**→ GO TO DAD**
     1   Yes

77   Don't know → **GO TO DAD**

*NO RESPONSE → **GO TO DAD***

A110.   [MOMCANC2] Which type(s) of **cancer**? Select all that apply.

0   Anal
1   Bladder
2   Brain
3   Breast
4   Cervical
5   Colon/rectal
6   Esophageal
7   Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)
8   Kidney
9   Leukemia (blood and bone marrow)
10   Liver
11   Lung or bronchial
12   Non-Hodgkin's lymphoma
13   Lymphoma
14   Melanoma (skin)
15   Non-melanoma skin (basal or squamous)
16   Ovarian
17   Pancreatic
18   Stomach
19   Thyroid
20   Uterine (endometrial)
55   Another type of cancer: Please describe [text box]
77   I know they had cancer, but don't know what type

*NO RESPONSE → **GO TO DAD***

[MOMCANC3A]
[DISPLAY IF 00 SELECTED AT MOMCANC2]
A111.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **anal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:

|__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3B***

[MOMCANC3B]
[DISPLAY IF 01 SELECTED AT MOMCANC2]
A112.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **bladder cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3C***

[MOMCANC3C]
[DISPLAY IF 02 SELECTED AT MOMCANC2]

A113.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **brain cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here:
|__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3D***

[MOMCANC3D]
[DISPLAY IF 03 SELECTED AT MOMCANC2]
A114.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **breast cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3E***

[MOMCANC3E]
[DISPLAY IF 04 SELECTED AT MOMCANC2]
A115.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **cervical cancer**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3F***

[MOMCANC3F]
[DISPLAY IF 05 SELECTED AT MOMCANC2]
A116.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **colon/rectal cancer**?
|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO MOMCANC3G

[MOMCANC3G]
[DISPLAY IF 06 SELECTED AT MOMCANC2]
A117.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **esophageal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO MOMCANC3H

[MOMCANC3H]
[DISPLAY IF 07 SELECTED AT MOMCANC2]
A118.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **head and neck cancer**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3I

[MOMCANC3I]
[DISPLAY IF 08 SELECTED AT MOMCANC2]
A119.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **kidney cancer**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3J

[MOMCANC3J]
[DISPLAY IF 09 SELECTED AT MOMCANC2]
A120.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **leukemia**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3K

[MOMCANC3K]
[DISPLAY IF 10 SELECTED AT MOMCANC2]
A121.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **liver cancer**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3L

[MOMCANC3L]
[DISPLAY IF 11 SELECTED AT MOMCANC2]
A122.   How old was your mother when they were first told by a doctor or other health professional that they have or had **lung or bronchial cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3M

[MOMCANC3M]
[DISPLAY IF 12 SELECTED AT MOMCANC2]
A123.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **non-Hodgkin's lymphoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3N

[MOMCANC3N]
[DISPLAY IF 13 SELECTED AT MOMCANC2]
A124.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **lymphoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3O

[MOMCANC3O]
[DISPLAY IF 14 SELECTED AT MOMCANC2]
A125.   How old was your mother when they were first told by a doctor or other health professional that they have or had **melanoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3P

[MOMCANC3P]
[DISPLAY IF 15 SELECTED AT MOMCANC2]
A126.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **non-melanoma skin cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO MOMCANC3Q

[MOMCANC3Q]
[DISPLAY IF 16 SELECTED AT MOMCANC2]
A127.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **ovarian cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3R***

[MOMCANC3R]

[DISPLAY IF 17 SELECTED AT MOMCANC2]

A128.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **pancreatic cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis *NO RESPONSE → **GO TO MOMCANC3S***

[MOMCANC3S]

[DISPLAY IF 18 SELECTED AT MOMCANC2]

A129.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **stomach cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis *NO RESPONSE → **GO TO MOMCANC3T***

[MOMCANC3T]

[DISPLAY IF 19 SELECTED AT MOMCANC2]

A130.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **thyroid cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis *NO RESPONSE → **GO TO MOMCANC3U***

[MOMCANC3U]

[DISPLAY IF 20 SELECTED AT MOMCANC2]

A131.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **uterine cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO MOMCANC3V***

[MOMCANC3V]

[DISPLAY IF 55 SELECTED AT MOMCANC2]

[FILL RESPONSE FROM MOMCANC2. IF NO TEXT PROVIDED AT MOMCANC2, FILL "ANOTHER TYPE OF CANCER"]

A132.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **[response from MOMCANC2/another type of cancer]**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO MOMCANC3W***

[MOMCANC3W]
[DISPLAY IF 77 SELECTED AT MOMCANC2]
A133.   How old was your mother when they were **first** told by a doctor or other health professional that they have or had **cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis *NO RESPONSE → **GO TO DAD***

A134.   [DAD] Is your biological father still living?
0   No → **GO TO DADDEATH**
1   Yes
77   Don't know → **GO TO DADCANC**

*NO RESPONSE → **GO TO DADCANC***

A135.   [DADAGE] How old is your father today?

|__|__|__| Father's age

77   Don't know

*NO RESPONSE → **GO TO DADCANC***

A136.   [DADDEATH] At what age did your father die?

|__|__|__| Father's age

77   Don't know

*NO RESPONSE → **GO TO DADCANC***

A137.   [DADCANC] **[If DAD=01]** Has a doctor or other health professional ever said that your father has or had any type of **cancer**? **[If DAD=00, 77, NON-RESPONSE]** Did a doctor or other health professional ever say that your father had any type of **cancer**?
0   No→ **GO TO SIB**
1   Yes

77 Don't know → **GO TO SIB**

*NO RESPONSE → **GO TO SIB***

A138.   [DADCANC2] Which type(s) of **cancer**? Select all that apply.
0   Anal
1   Bladder

2   Brain

3   Breast

4   Colon/rectal

5   Esophageal

6   Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)

7   Kidney

8   Leukemia (blood and bone marrow)

9   Liver

10   Lung or bronchial

11   Non-Hodgkin's lymphoma

12   Lymphoma

13   Melanoma (skin)

14   Non-melanoma skin (basal or squamous)

15   Pancreatic

16   Prostate

17   Stomach

18   Testicular

19   Thyroid

55   Another type of cancer: Please describe [text box]

77   I know they had cancer, but don't know what type

*NO RESPONSE → **GO TO SIB***

[DADCANC3A]

[DISPLAY IF 00 SELECTED AT DADCANC2]

A139.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **anal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO DADCANC3B***

[DADCANC3B]

[DISPLAY IF 01 SELECTED AT DADCANC2]

A140.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **bladder cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO DADCANC3C***

[DADCANC3C]

[DISPLAY IF 02 SELECTED AT DADCANC2]

A141.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **brain cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO DADCANC3D***

[DADCANC3D]

[DISPLAY IF 03 SELECTED AT DADCANC2]

A142.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **breast cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO DADCANC3E***

[DADCANC3E]

[DISPLAY IF 04 SELECTED AT DADCANC2]

A143.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **colon/rectal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis *NO RESPONSE → **GO TO DADCANC3F***

[DADCANC3F]

[DISPLAY IF 05 SELECTED AT DADCANC2]

A144.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **esophageal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO DADCANC3G***

[DADCANC3G]

[DISPLAY IF 06 SELECTED AT DADCANC2]

A145.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **head and neck cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO DADCANC3H***

[DADCANC3H]

[DISPLAY IF 07 SELECTED AT DADCANC2]

A146.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **kidney cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis *NO RESPONSE → **GO TO DADCANC3I***

[DADCANC3I]

[DISPLAY IF 08 SELECTED AT DADCANC2]

A147.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **leukemia**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3J

[DADCANC3J]

[DISPLAY IF 09 SELECTED AT DADCANC2]

A148.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **liver cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3K

[DADCANC3K]

[DISPLAY IF 10 SELECTED AT DADCANC2]

A149.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **lung or bronchial cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3L

[DADCANC3L]

[DISPLAY IF 11 SELECTED AT DADCANC2]

A150.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **non-Hodgkin's lymphoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3M

[DADCANC3M]

[DISPLAY IF 12 SELECTED AT DADCANC2]

A151.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **lymphoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3N

[DADCANC3N]

[DISPLAY IF 13 SELECTED AT DADCANC2]

A152.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **melanoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3O

[DADCANC3O]

[DISPLAY IF 14 SELECTED AT DADCANC2]

A153.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **non-melanoma skin cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3P

[DADCANC3P]

[DISPLAY IF 15 SELECTED AT DADCANC2]

A154.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **pancreatic cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3Q

[DADCANC3Q]

[DISPLAY IF 16 SELECTED AT DADCANC2]

A155.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **prostate cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis   *NO RESPONSE → GO TO DADCANC3R*

[DADCANC3R]

[DISPLAY IF 17 SELECTED AT DADCANC2]

A156.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **stomach cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3S

[DADCANC3S]

[DISPLAY IF 18 SELECTED AT DADCANC2]

A157.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **testicular cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3T

[DADCANC3T]
[DISPLAY IF 19 SELECTED AT DADCANC2]
A158.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **thyroid cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO DADCANC3U

[DADCANC3U]
[DISPLAY IF 55 SELECTED AT DADCANC2]
[FILL RESPONSE FROM DADCANC2. IF NO TEXT PROVIDED AT DADCANC2, FILL "ANOTHER TYPE OF CANCER"]
A159.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **[response from DADCANC2/another type of cancer]**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO DADCANC3V

[DADCANC3V]
[DISPLAY IF 77 SELECTED AT DADCANC2]
A160.   How old was your father when they were **first** told by a doctor or other health professional that they have or had **cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO SIB

Siblings

[SIB] The next questions are about your siblings (brothers and sisters), including those who are no longer living. Please include full siblings (share the same biological mother and father), and half-siblings (share the same biological mother or father). Please do not include adopted or step siblings.

A161.   [SIB] How many siblings do you have, including full and half-siblings?
|__|__| #Siblings
NO RESPONSE → GO TO SIBCONFIRM

[Insert numeric value from SIB. IF SIB=NON-RESPONSE, FILL "0"]
IF SIB=0 OR NON-RESPONSE, fill [siblings]
IF SIB=1, fill [sibling]
IF SIB>1 fill [siblings]

[SIBCONFIRM] You told us that you have [insert number from SIB] [sibling/siblings], including full and half-siblings.

If this is **not** correct, please select the "Back" button to update your response. If this is correct, please select the "Next" button to move forward.

[Sibling loop begins:]
[SIBNAME] For your [*oldest/next oldest*] sibling, please create a nickname or share initials that we can use to refer to this sibling again in future surveys.

    [TEXT BOX]

    NO RESPONSE →GO TO SIB2

IF SIBNAME completed, fill next sibling initials or nickname
If SIBNAME not completed, AND
If SIB >1 and is first time question is displayed, fill [oldest]
If SIB >1 and this is not the first time the question is displayed, fill [next oldest]
If SIB = 1, do not fill [oldest] OR [next oldest]
A162.   [SIB2] Thinking of [sibling_initials or nickname/your [oldest/next oldest] sibling], what biological sex was this sibling assigned at birth?
    0   Female
    1   Male
    2   Intersex or other
    77 Don't know
    NO RESPONSE → GO TO MULT2

If MULTBIRTH ≠ NO,
[MULT2]You said you were born a twin, triplet, or other multiple. Is this sibling your twin, triplet, or multiple?
    0   No
    1   Yes→ *GO TO SIB4*
   NO RESPONSE →GO TO SIB3
IF SIBNAME completed, fill next sibling initials or nickname
If SIBLING not completed, fill [your sibling]
A163.   [SIB3] Is [SIBLING INITIALS OR NICKNAME/your sibling] a…
    0   Full sibling
    1   Half sibling, same mother
    2   Half sibling, same father
    NO RESPONSE → GO TO SIB4
IF SIBNAME completed, fill next sibling initials or nickname

If SIBLING not completed, fill [your sibling]

A164.   [SIB4] Is [SIBLING INITIALS OR NICKNAME/your sibling] still living?
    0   No **→ GO TO SIBDEATH**
    1   Yes **→ GO TO SIBAGE**
    77 Don't know **→ GO TO SIBCANC**
    78 *NO RESPONSE → GO TO SIBCANC*

IF SIBNAME completed, fill next sibling initials or nickname

A165.   [SIBAGE] How old is [SIBLING INITIALS OR NICKNAME/your sibling] today?

|__|__|__| Sibling's age
77 Don't know
*NO RESPONSE → **GO TO SIBCANC***

A166.   [SIBDEATH] How old was [SIBLING INITIALS OR NICKNAME/your sibling] when they died?

|__|__|__| Sibling's age
77 Don't know

*NO RESPONSE → **GO TO SIBCANC***

A167.   [SIBCANC] **[If SIB4=01]** Has a doctor or other health professional ever told [SIBLING INITIALS OR NICKNAME/your sibling] that they have or had any type of **cancer? [If SIB4=00, 77, NON-RESPONSE]** Did a doctor or other health professional ever tell [sibling initials or nickname/your sibling] that they had any type of **cancer**?
0   No → **GO TO NEXT SIBLING [REPEAT SIBNAME - SIBCANC UP TO THE NUMBER OF SIBLINGS IN SIB. IF ONLY/LAST SIBLING, GO TO CHILD]**
1   Yes
77 Don't know → **GO TO NEXT SIBLING [REPEAT SIBNAME - SIBCANC UP TO THE NUMBER OF SIBLINGS IN SIB. IF ONLY/LAST SIBLING, GO TO CHILD]**
*NO RESPONSE → **GO TO NEXT SIBLING [REPEAT SIBNAME - SIBCANC UP TO THE NUMBER OF SIBLINGS IN SIB. IF ONLY/LAST SIBLING, GO TO CHILD]***

A168.   [SIBCANC2] Which type(s) of **cancer**? Select all that apply.
0   Anal
1   Bladder
2   Brain
3   Breast
4   Cervical
5   Colon/rectal
6   Esophageal
7   Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)
8   Kidney
9   Leukemia (blood and bone marrow)
10 Liver
11 Lung or bronchial
12 Non-Hodgkin's lymphoma
13 Lymphoma

14 Melanoma (skin)

15 Non-melanoma skin (basal or squamous)

16 Ovarian

17 Pancreatic

18 Prostate

19 Stomach

20 Testicular

21 Thyroid

22 Uterine (endometrial)

55 Another type of cancer: Please describe [text box]

77 I know my sibling had cancer, but don't know what type

*NO RESPONSE → **GO TO CHILD***

[SIBCANC3A]
[DISPLAY IF 00 SELECTED AT SIBCANC2]
A169.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **anal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3B***

[SIBCANC3B]
[DISPLAY IF 01 SELECTED AT SIBCANC2]
A170.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **bladder cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3C***

[SIBCANC3C]
[DISPLAY IF 02 SELECTED AT SIBCANC2]
A171.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **brain cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3D***

[SIBCANC3D]
[DISPLAY IF 03 SELECTED AT SIBCANC2]
A172.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **breast cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO SIBCANC3E

[SIBCANC3E]
[DISPLAY IF 04 SELECTED AT SIBCANC2]
A173.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **cervical cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO SIBCANC3F

[SIBCANC3F]
[DISPLAY IF 05 SELECTED AT SIBCANC2]
A174.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **colon/rectal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO SIBCANC3G

[SIBCANC3G]
[DISPLAY IF 06 SELECTED AT SIBCANC2]
A175.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **esophageal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO SIBCANC3H

[SIBCANC3H]
[DISPLAY IF 07 SELECTED AT SIBCANC2]
A176.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING]] when they were **first** told by a doctor or other health professional that they have or had **head and neck cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO SIBCANC3I

[SIBCANC3I]
[DISPLAY IF 08 SELECTED AT SIBCANC2]
A177.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING]] when they were **first** told by a doctor or other health professional that they have or had **kidney cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3J***

[SIBCANC3J]
[DISPLAY IF 09 SELECTED AT SIBCANC2]
A178.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **leukemia**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3K***

[SIBCANC3K]
[DISPLAY IF 10 SELECTED AT SIBCANC2]
A179.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **liver cancer**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3L***

[SIBCANC3L]
[DISPLAY IF 11 SELECTED AT SIBCANC2]
A180.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **lung or bronchial cancer**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3M***

[SIBCANC3M]
[DISPLAY IF 12 SELECTED AT SIBCANC2]
A181.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **non-Hodgkin's lymphoma**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3N***

[SIBCANC3N]
[DISPLAY IF 13 SELECTED AT SIBCANC2]
A182.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were first told by a
doctor or other health professional that they have or had **lymphoma**?

|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3O***

[SIBCANC3O]
[DISPLAY IF 14 SELECTED AT SIBCANC2]
A183.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **melanoma**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3P***

[SIBCANC3P]
[DISPLAY IF 15 SELECTED AT SIBCANC2]
A184.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **non-melanoma skin cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3Q***

[SIBCANC3Q]
[DISPLAY IF 16 SELECTED AT SIBCANC2]
A185.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **ovarian cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3R***

[SIBCANC3R]
[DISPLAY IF 17 SELECTED AT SIBCANC2]
A186.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **pancreatic cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3S***

[SIBCANC3S]
[DISPLAY IF 18 SELECTED AT SIBCANC2]
A187.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a
doctor or other health professional that they have or had **prostate cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3T***

[SIBCANC3T]
[DISPLAY IF 19 SELECTED AT SIBCANC2]
A188.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **stomach cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3U***

[SIBCANC3U]
[DISPLAY IF 20 SELECTED AT SIBCANC2]
A189.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **testicular cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
*NO RESPONSE → **GO TO SIBCANC3V***

[SIBCANC3V]
[DISPLAY IF 21 SELECTED AT SIBCANC2]
A190.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **thyroid cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3W***

[SIBCANC3W]
[DISPLAY IF 22 SELECTED AT SIBCANC2]
A191.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **uterine cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO SIBCANC3X***

[SIBCANC3X]
[DISPLAY IF 55 SELECTED AT SIBCANC2]
[FILL RESPONSE FROM SIBCANC2. IF NO TEXT PROVIDED AT SIBCANC2, FILL "ANOTHER TYPE OF CANCER"]
A192.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **[response from SIBCANC2/another type of cancer]**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → ***GO TO SIBCANC3Y***

[SIBCANC3Y]
[DISPLAY IF 77 SELECTED AT SIBCANC2]
A193.   How old was [SIBLING INITIALS OR NICKNAME/YOUR SIBLING] when they were **first** told by a doctor or other health professional that they have or had **cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

Summary screen to appear after questions have been exhausted for *each* sibling: Here is a summary of the information you shared about sibling [initials/nickname]. If any of the information is incorrect, please select the "Back" button to edit your answers. If all of the information is correct, please select the "Next" button to move forward.

**GO TO NEXT SIBLING (REPEAT SIBNAME – SIBCANC3Y) UP TO THE NUMBER OF SIBLINGS IN SIB.
IF ONLY/LAST SIBLING, GO TO CHILD**

Children

[CHILD] The next questions are about your children, including those who are no longer living. Please include all adopted and step children, as well as your biological children.

A194.   [CHILD] How many children do you have?
|__|__| #Children
NO RESPONSE → ***GO TO CHILDCONFIRM***

[Insert numeric value from CHILD. IF CHILD=NON-RESPONSE, FILL "0"]

IF CHILD=0 OR NON-RESPONSE, fill [children]

IF CHILD=1, fill [child]

IF CHILD>1 fill [children]

[CHILDCONFIRM] You told us that you have [insert number from CHILD] [child/children], including biological, adopted, and step children.
If this is **not** correct, please select the "Back" button to update your response. If this is correct, please select the "Next" button to move forward.*[Children loop begins]*

[CHILDNAME] For your [oldest/next oldest] child, please create a nickname or share initials that we can use to refer to this child again in future surveys.

        [TEXT BOX]

        NO RESPONSE →GO TO CHILD2

**IF CHILDNAME completed, fill next child initials or nickname
If CHILDNAME not completed, AND
        If CHILD >1 and is first time question is displayed, fill [oldest]**

If CHILD >1 and this is not the first time the question is displayed, fill [next oldest]
If CHILD = 1, do not fill [oldest] OR [next oldest]

A195.   [CHILD2] Thinking of [child initials or nickname/your [oldest/next oldest]child], what biological sex was this child assigned at birth?

0   Female
1   Male
2   Intersex or other
77   Don't know
NO RESPONSE → GO TO CHILDMULT

If CHILD >1 ask *CHILDMULT*
If CHILD =0 GO TO CHILD3

[CHILDMULT] Was this child born a twin, triplet, or other multiple?

0   No
1   Yes
NO RESPONSE →GO TO CHILD3

IF CHILDNAME completed, fill next child initials or nickname
If CHILDNAME not completed, fill [your child]

A196.   [CHILD3] Is [child initials or nickname/your child]…

0   Your biological child
1   Adopted
2   A step child
NO RESPONSE → GO TO CHILD4

IF CHILDNAME completed, fill next child initials or nickname
If CHILDNAME not completed, fill [your child]

A197.   [CHILD4] Is [child initials or nickname/your child] still living?

0   No **→ GO TO CHILDDEATH**
1   Yes **→ GO TO CHILDAGE**

77   Don't know **→ GO TO CHILDCANC**

NO RESPONSE → GO TO CHILDCANC

IF CHILDNAME completed, fill next child initials or nickname
If CHILDNAME not completed, fill [your child]

A198.   [CHILDAGE] How old is [child initials or nickname/your child] today?

|__|__|__| Child's age

0   Less than 1 year old

77 Don't know
NO RESPONSE → GO TO CHILDCANC

IF CHILDNAME completed, fill next child initials or nickname

If CHILDNAME not completed, fill [your child]

A199.   [CHILDDEATH] How old was [child initials or nickname/your child] when *they* died?

|__|__|__| Child's age

0   Less than 1 year old

77 Don't know
NO RESPONSE → **GO TO CHILDCANC**

[DISPLAY CHILDCANC if CHILD3 = 01 "YOUR BIOLOGICAL CHILD"]
IF CHILDNAME completed, fill next child initials or nickname
If CHILDNAME not completed, fill [your child]

A200.   [CHILDCANC] **[If CHILD4=01]** Has a doctor or other health professional ever told [child initials or nickname/your child] that they have or had any type of **cancer**? **[If CHILD4=00, 77, NON-RESPONSE]** Did a doctor or other health professional ever tell [child initials or nickname/your child] that they had any type of **cancer**?

0   No → **GO TO NEXT CHILD (REPEAT CHILDNAME – CHILDCANC) UP TO THE NUMBER OF CHILDREN IN CHILD. IF ONLY/LAST CHILD LISTED, GO TO EDU.**
1   Yes
77 Don't know → **GO TO NEXT CHILD (REPEAT CHILDNAME – CHILDCANC) UP TO THE NUMBER OF CHILDREN IN CHILD. IF ONLY/LAST CHILD LISTED, GO TO EDU.**
NO RESPONSE → **GO TO NEXT CHILD (REPEAT CHILDNAME – CHILDCANC) UP TO THE NUMBER OF CHILDREN IN CHILD. IF ONLY/LAST CHILD LISTED, GO TO EDU.**

A201.   [CHILDCANC2] Which type(s) of **cancer**? Select all that apply.
0   Anal
1   Bladder
2   Brain
3   Breast
4   Cervical
5   Colon/rectal
6   Esophageal
7   Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)
8   Kidney
9   Leukemia (blood and bone marrow)
10 Liver
11 Lung or bronchial
12 Non-Hodgkin's lymphoma
13 Lymphoma
14 Melanoma (skin)
15 Non-melanoma skin (basal or squamous)
16 Ovarian
17 Pancreatic

18 Prostate

19 Stomach

20 Testicular

21 Thyroid

22 Uterine (endometrial)

55 Another type of cancer: Please describe [text box]

77 I know my child had cancer, but don't know what type

NO RESPONSE → GO TO EDU

[CHILDCANC3A]

[DISPLAY IF 00 SELECTED AT CHILDCANC2]

A202.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **anal cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3B

[CHILDCANC3B]

[DISPLAY IF 01 SELECTED AT CHILDCANC2]

A203.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **bladder cancer**?

|__|__| Age at diagnosis

 Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3C

[CHILDCANC3C]

[DISPLAY IF 02 SELECTED AT CHILDCANC2]

A204.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **brain cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3D

[CHILDCANC3D]

[DISPLAY IF 03 SELECTED AT CHILDCANC2]

A205.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **breast cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3E

[CHILDCANC3E]
[DISPLAY IF 04 SELECTED AT CHILDCANC2]
A206.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **cervical cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3F

[CHILDCANC3F]
[DISPLAY IF 05 SELECTED AT CHILDCANC2]
A207.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **colon/rectal cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3G

[CHILDCANC3G]
[DISPLAY IF 06 SELECTED AT CHILDCANC2]
A208.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **esophageal cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3H

[CHILDCANC3H]
[DISPLAY IF 07 SELECTED AT CHILDCANC2]
A209.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **head and neck cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO CHILDCANC3I

[CHILDCANC3I]
[DISPLAY IF 08 SELECTED AT CHILDCANC2]
A210.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **kidney cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3J

[CHILDCANC3J]

[DISPLAY IF 09 SELECTED AT CHILDCANC2]

A211.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **leukemia**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO CHILDCANC3K***

[CHILDCANC3K]

[DISPLAY IF 10 SELECTED AT CHILDCANC2]

A212.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **liver cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO CHILDCANC3L***

[CHILDCANC3L]

[DISPLAY IF 11 SELECTED AT CHILDCANC2]

A213.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **lung or bronchial cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO CHILDCANC3M***

[CHILDCANC3M]

[DISPLAY IF 12 SELECTED AT CHILDCANC2]

A214.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **non-Hodgkin's lymphoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO CHILDCANC3N***

[CHILDCANC3N]

[DISPLAY IF 13 SELECTED AT CHILDCANC2]

A215.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **lymphoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

*NO RESPONSE → **GO TO CHILDCANC3O***

[CHILDCANC3O]

[DISPLAY IF 14 SELECTED AT CHILDCANC2]

A216.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **melanoma**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3P

[CHILDCANC3P]

[DISPLAY IF 15 SELECTED AT CHILDCANC2]

A217.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **non-melanoma skin cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3Q

[CHILDCANC3Q]

[DISPLAY IF 16 SELECTED AT CHILDCANC2]

A218.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **ovarian cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3R

[CHILDCANC3R]

[DISPLAY IF 17 SELECTED AT CHILDCANC2]

A219.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **pancreatic cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3S

[CHILDCANC3S]

[DISPLAY IF 18 SELECTED AT CHILDCANC2]

A220.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **prostate cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3T

[CHILDCANC3T]

[DISPLAY IF 19 SELECTED AT CHILDCANC2]

A221. How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **stomach cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3U

[CHILDCANC3U]
[DISPLAY IF 20 SELECTED AT CHILDCANC2]
A222. How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **testicular cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3V

[CHILDCANC3V]
[DISPLAY IF 21 SELECTED AT CHILDCANC2]
A223. How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **thyroid cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3W

[CHILDCANC3W]
[DISPLAY IF 22 SELECTED AT CHILDCANC2]
A224. How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were **first** told by a doctor or other health professional that they have or had **uterine cancer**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

NO RESPONSE → GO TO CHILDCANC3X

[CHILDCANC3X]
[DISPLAY IF 55 SELECTED AT CHILDCANC2]
[FILL RESPONSE FROM CHILDCANC2. IF NO TEXT PROVIDED AT CHILDCANC2, FILL "ANOTHER TYPE OF CANCER"]
A225. How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were first told by a doctor or other health professional that they have or had **[response from CHILDCANC2/another type of cancer]**?

|__|__| Age at diagnosis

Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis
NO RESPONSE → GO TO CHILDCANC3Y

[CHILDCANC3Y]
[DISPLAY IF 77 SELECTED AT CHILDCANC2]
A226.   How old was [CHILD INITIALS OR NICKNAME/YOUR CHILD] when they were first told by a doctor
or other health professional that they have or had **cancer**?
|__|__| Age at diagnosis
Or, if it is easier to remember the year, enter that here: |__|__|__|__| Year of diagnosis

Summary screen to appear after questions have been exhausted for *each child*: Here is a summary of
the information you shared about sibling [initials/nickname]. If any of the information is incorrect,
please select the "Back" button to edit your answers. If all of the information is correct, please select the
"Next" button to move forward.

GO TO NEXT CHILD (REPEAT CHILDNAME **– CHILDCANC3Y) UP TO THE NUMBER OF CHILDREN IN CHILD
IF ONLY/LAST CHILD, GO TO EDU**

Education and Occupation [SECTION 5]

[EDU] The following questions ask for more background information about you, including information
about your education and work.

A259.   [EDU] What is the highest level of school that you have completed?
0   Grade school (grades 1-8)
1   Some high school (grades 9-11), no diploma
2   High school graduate or GED
3   Some college, no degree
4   Technical or trade school after high school
5   Associate's degree
6   College graduate (Bachelor's degree)
7   Advanced degree (Master's, Doctorate, etc.)
55 Other: Please describe [text box]
NO RESPONSE → *GO TO STUDENT*

A260.   [STUDENT] Are you currently enrolled in school?
0   No
1   Yes, full-time student
2   Yes, part-time student

A261.   [WORK] Do you currently work for pay (full-time or part-time)?
0   No
1   Yes → **GO TO WORK3**

A262.   [WORK2] Which of these best describes your current employment status?
0   Retired → **GO TO WORK6**
1   A homemaker → **GO TO WORK6**
2   Unemployed → **GO TO WORK6**

3   Unable to work (disabled) → **GO TO WORK6**

55 Other → **GO TO WORK6**

99 Prefer not to answer → **GO TO WORK6**

NO RESPONSE → *GO TO WORK6*

A263.   [WORK3] What is your current job title? Please be descriptive. For example, high school math teacher, emergency room nurse, automobile painter.

[   ]

NO RESPONSE → *GO TO OCCUPTN1*

A263a. [OCCUPTN1] Please identify the occupation category that best describes this job.

[OPEN ENDED FREE RESPONES]

[List populated by SOCcer in the field, with a "None of the above answer".]

NO RESPONSE → *GO TO EMPLYR1*

A263b. [EMPLYR1] What was your employer's name for this job?

[OPEN ENDED FREE RESPONES]

NO RESPONSE → *GO TO BSNSSTYP1*

A263c. [BSNSSTYP1] What type of business was this? [Select all that apply.]

0   Manufacturing

1   A retail store

2   Wholesale or distributor

3   A service provider

4   Construction

5   Mining

6   Farming

7   Fishing

8   Forestry

9   Government

10 Military

11 A shipyard

55 Some other type of business [OPEN ENDED FREE RESPONES- TEXT BOX]

77 Don't Know

NO RESPONSE → *GO TO EMPLYRSRVCE1*

A263d. [EMPLYRSRVCE1] What products were made, or services provided, by this employer? If multiple, please provide the product/services related to your work unit. For example: automotive parts,

residential home construction, accounting services, pharmaceutical research. (Open ended free response)

[OPEN ENDED FREE RESPONES]

NO RESPONSE → *GO TO WORK8*

A264. [WORK4] How many years have you worked in that job [*JOB FROM WORK3*]?
|__|__| #Years

NO RESPONSE → *GO TO WORK5*

A265. [WORK5] Is this your longest-held job?
0   No → **GO TO WORK7**
1   Yes → **GO TO INCOME**
NO RESPONSE → *GO TO WORK7*

A266. [WORK6] Have you ever worked for pay (full-time or part-time)?
0   No → **GO TO INCOME**
1   Yes
NO RESPONSE → *GO TO INCOME*

A267. [WORK7] What was your longest-held job? Please be descriptive. For example, high school math teacher, emergency room nurse, automobile painter.

|_____|

NO RESPONSE → *GO TO OCCUPTN2*

A267a. [OCCUPTN2] Please identify the occupation category that best describes this job.

[OPEN ENDED FREE RESPONES]

[List populated by SOCcer in the field, with a "None of the above answer".]

NO RESPONSE → *GO TO EMPLYR2*

A267b. [EMPLYR2] What was your employer's name for your longest-held job?

[OPEN ENDED FREE RESPONES]

NO RESPONSE → *GO TO BSNSSTYP2*

A267c. [BSNSSTYP2] What type of business was this? [Select all that apply.]

0   Manufacturing
1   A retail store
2   Wholesale or distributor
3   A service provider
4   Construction
5   Mining

6   Farming
7   Fishing
8   Forestry
9   Government
10 Military
11 A shipyard
55 Some other type of business [OPEN ENDED FREE RESPONES]
77 Don't Know
NO RESPONSE → GO TO EMPLYRSRVCE2

A267d. [EMPLYRSRVCE2] What products were made, or services provided, by this employer? If multiple, please provide the product/services related to your work unit. For example: automotive parts, residential home construction, accounting services, pharmaceutical research. (Open ended free response)

[OPEN ENDED FREE RESPONES]

NO RESPONSE → GO TO WORK8

A268.   [WORK8] How many years did you work in that job?

|__|__| #Years

NO RESPONSE → GO TO INCOME

A269.   [INCOME] Which of these options best describes your household's total combined family income for the **past 12 months**? This should include money earned from all places: job wages, rent from properties, investment income, social security, disability and/or veteran's benefits, unemployment benefits, workman's compensation, child support payments, alimony, and so on. Answer with the amount before taxes.
0   Less than $10,000/year
1   $10,000–$24,999/year
2   $25,000–$34,999/year
3   $35,000–$49,999/year
4   $50,000–$74,999/year
5   $75,000–$99,999/year
6   $100,000–$149,999/year
7   $150,000–$199,999/year
8   $200,000 or more/year
77 Don't know
99 Prefer not to answer
NO RESPONSE → GO TO PPLHOUSE

A270.   [PPLHOUSE] How many people currently live in your household? Please include yourself in the total number. (Include students living away at school, deployed military, etc.)
|__|__| #People living in household
99 Prefer not to answer

NO RESPONSE ➔ *GO TO INTROCNT*

[INTROCNT] Other Contact Information
We would like to keep in touch with you during your time in the study. Please share more contact information so we can reach you in the future.

A271.   [ALTADDRESS1] When you joined this study, you gave us your mailing address. Are there any other mailing addresses that you use?
    0   No
    1   Yes   ➔ *GO TO ALTADDRESS2*
    NO RESPONSE ➔ *GO TO ALTADDRESS2*

A272.   [ALTADDRESS2] What is the address?

       Line 1 (Street, PO Box, Rural Route)

       _____ *

       Line 2 (Apartment, Suite, Unit, Building)

       _____

       City

       _____ *

       State

       _____

       Zip

       _____ *

       Note: Google maps will be used to facilitate. The response is broken out into the fields as shown here. Participants can override the suggestions from Google Maps

    NO RESPONSE ➔ *GO TO ALTCONTACT1*

A273.   [ALTCONTACT1] Sometimes we find that people have moved when we try to contact them again. It would be helpful if you could give us the contact details of someone close to you (such as a relative or friend) who would be willing for us to contact them if we are unable to reach you. Please leave this section blank if you do not wish to provide these extra contact details.

    First name

    _____

    Last name

_____

     NO RESPONSE → ***GO TO ALTCONTACT2***

A274.   [ALTCONTACT2] How can we reach this person?

     Mobile phone

     _____ *(supply format)*

     Home phone

     _____ *(supply format)*

     Email

     _____ *(supply format)*

     NO RESPONSE → ***GO TO QXAUTHOR1***

A286. [QXAUTHOR1] Who completed this survey section?

    0   Completed by study participant
    1   Completed by someone else on behalf of study participant

    NO RESPONSE → ***GO TO END OF MODULE***

END OF MODULE