

FINAL VERSION

CASE-CONTROL STUDY QUESTIONNAIRE

Index:	I	General Information
	II	Smoking Status
	III	Physical Activity
	IV	Weight
	V	Diet
	VI	Medical history
	VII	Cancer Family History
	VIII	Obstetric/Gynecologic History (women only)

CARD 1**I - GENERAL INFORMATION (VARS v1-v20)**

Study # study /_/ / 1-2
 Patient # v1 /_/ /_/ /_/ / 3-7
 Case = 1; Control =2; v2 /_/ / 8
 Card # /_0/_1/ 9-10

Interviewer:..... v3 /_/ / 11-12

Patient's name _____ Address _____ <div style="text-align: right;">phone: /</div>
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Sex: Male = 1; Female =2; v4 /_/ / 13

Hospital: _____ /_/ / 14-15

Department: Medicine=1; surgery=2; ob/gyn=3;
 orthopedics=4; ENT=5; dermatology=6;
 ophthalmology=7; dentistry=8; radiotherapy=9;
 oncology=10; other _____ v5 /_/ / 16-17
 specify

m d y

Date of interview v6 /_/ /_/ /_/ /_/ / 18-21

Medical record # /_/ /_/ /_/ /_/ /_/ / 22-28

m d y

Date of birth v7 /_/ /_/ /_/ /_/ / 29-34

Age v8 /_/ / 35-36

Marital status: Never married=1; married=2; separated, divorced=3;
 widow/widower=4; cohabitant=5; v9 /_/ / 37

Age at first marriage v10 /_/ / 38-39

Number of children v11 /_/ / 40-41

School degree of patient _____ v12 school years /_/ / 42-43

School degree of spouse _____ v13 school years /_/ / 44-45

Patient's profession _____ v14 /_/ / 46-47

Spouse's profession _____ v15 /_/ / 48-49

Main diagnosis _____ **v16 (I.C.D.)** / __/__/__/_/ **50-53**
 m a

Date of diagnosis v17 /__/__/__ / 54-57

Number of histologic specimen(s) /_/_/_/_/_/_/_/_/ /_/_/_/_/_/_/_/_/

RESIDENCE

Town of birth (specify)_____ **v18 (zip code)**/__/__/__/__/__/ **58-62**

Town of longest residence between age 15 and 25 (specify)_____ **v19 (zip code)**/__/_/___/___/___/___ **63-67**

Town of residence (present)_____ **v20 (zip code)**/__/__/__/__/__/ 68-72

CARD 2**II - SMOKING STATUS (VARS fum1-fum17)**

Study #	/ _ / _ /	1-2
Patient's #	/ _ / _ / _ / _ /	3-7
Case=1; Control=2;	/ _ /	8
Card #	/ _ 0 / 2 /	9-10

Never smoker=1; smoker=2; ex-smoker=3;	fum1 / _ /	11
If "ex-smoker" give time since quitting:	fum2 (yrs) / _ / _ /	12-13
If "smoker/ex-smoker" give: number of cigarettes/day	fum3 / _ / _ /	14-15
number of cigars/day	fum4 / _ / _ /	16-17
pipe, grams of tobacco/day	fum5 / _ / _ /	18-19
age at starting	fum6 / _ / _ /	20-21
Duration	fum7 (yrs) / _ / _ /	22-23

Type of cigarettes chiefly smoked, give

commercial brand name:

from age to age

_____	/ _ / _ /	/ _ / _ /	/ _ / _ /	24-29
_____	/ _ / _ /	/ _ / _ /	/ _ / _ /	30-35
_____	/ _ / _ /	/ _ / _ /	/ _ / _ /	36-41

Type of cigarettes chiefly smoked in the last six months, give

commercial brand name: _____

/ _ / _ / 42-43

CARD 3**III - PHYSICAL ACTIVITY (VARS fis1-fis8)**

Study #	/ _ / _ /	1-2
Patient's #	/ _ / _ / _ / _ /	3-7
Case=1; Control=2;	/ _ /	8
Card #	/ _ 0 / _ 3 /	9-10

HOW WOULD YOU DESCRIBE THE LEVEL OF YOUR PHYSICAL ACTIVITY AT THE FOLLOWING AGES:**WORK/HOUSE:****1=VERY HEAVY (mason, demolition worker, professional athlete and dancer)****2=HEAVY (farmer, blue collar worker, etc.)****3=MEDIUM (sales representative, waiter/waitress, cook, children care giver, housewife with heavy housework and small children)****4=STANDING (store clerk, teacher, laboratory technician, housewife with light housework)****5=SEDENTARY (office clerk, mechanic, student)****SPORT, LEISURE ACTIVITIES, BICYCLE RIDES****1= >7 hours/week of physical activity****2=5-7 hours/week****3=2-4 hours/week****4= <2 hours/week**

**Work: Sport, leisure activities,
bicycle rides:**

at age 12	fis1 / _ /	fis2 / _ /	11-12
at age 15-19	fis3 / _ /	fis4 / _ /	13-14
at age 30-39	fis5 / _ /	fis6 / _ /	15-16
at age 50-59	fis7 / _ /	fis8 / _ /	17-18

IV – WEIGHT (VARS antr1-antr13)

Weight before diagnosis (kg) **antr1** /_/_/ 19-21

Height (in cm) **antr2** /_/_/ 22-24

Waist circumference (in cm) /_/_/ 25-27

Hip circumference (in cm) /_/_/ 28-30

At age 12, compared to kids of same sex and age, you were:

thinner /1/ same /2/ heavier /3/ /_/ 31

What was your average weight at the following ages? (exclude pregnancies)

at age 30 **antr6** (Kg) /_/_/ 32-34

at age 50 **antr7** /_/_/ 35-37

What has been your highest weight since age 20, and when?

Kg Age

antr8 /_/_/ **antr9** /_/ 38-42

What has been your lowest weight since age 20, and when?

antr10 /_/_/ **antr11** /_/ 43-47

What size of bra do you wear, or wore at age 30?

I=1; II=2; III=3; IV=4; V or more=5; /_/ 48

During the year previous to the illness that brought you to the hospital, did you eat less than you desired to lose weight?

-No, I always ate as much as I liked =1;

-Yes, at times =2;

-Yes, always =3; /_/ 49

CARD 4**V – DIET (VARS cond1-cond17; pasti1-pasti5)**

Study # / _ / _ / 1-2
 Patient's # / _ / _ / _ / _ / 3-7
 Case=1; Control=2; / _ / 8
 Card # / _ 0 / _ 4 / 9-10

THE FOLLOWING QUESTIONS REFER TO YOUR DIETARY HABITS DURING THE YEAR PRIOR TO THE ILLNESS THAT BROUGHT YOU TO THE HOSPITAL

What type of fat do you use to:

1=None	2=Olive oil	3=Sunflower, corn, soy oil
4=Peanuts oil	5= Vegetable oil	6=Butter
7=Margarine	8=Cream, besciamelle, lard, shortening	9=Do not know

	1st type of fat:	2nd type of fat : (if used in equal amount)	
To dress raw vegetables	/ _ /	/ _ /	11-12
To cook or season cooked vegetables	/ _ /	/ _ /	13-14
To cook meat	/ _ /	/ _ /	15-16
To fry	/ _ /	/ _ /	17-18
To season pasta or rice (used also for the sauce)	/ _ /	/ _ /	19-20

-How would you define your consumption of fat for seasoning?

Low=1; Medium=2; High=3; / _ / 21

Do you tend to discard the fat in meat?

Yes=1; No=2; No consumption=3; / _ / 22

Do you tend to discard the fat in prosciutto?

Yes=1; No=2; No consumption=3; / _ / 23

Do you tend to discard the skin in chicken meat?

Yes=1; No=2; No consumption=3; / _ / 24

Do you tend to leave the food condiments in your plate?

Yes=1; No=2; No consumption=3; /_/ 25

How would you define your consumption of garlic?

Scarce =1; Medium=2; High=3; /_/ 26

When eating out, do you add salt to your food?

No=1; Sometimes=2; Always=3; /_/ 27

How many meals do you eat every day?

/_/ 28

How many snacks? (including continental breakfast and sandwiches,
excluding tea and coffee)

/_/ 29

How many meals do you eat at:

Home /_/ 30-31

Restaurant /_/ 32-33

Canteen /_/ 34-35

NOW I WILL ASK YOU ABOUT YOUR DIETARY HABITS DURING THE YEAR PRIOR TO THE ILLNESS THAT HAS BROUGHT YOU TO THE HOSPITAL. YOU SHOULD DESCRIBE THE FREQUENCY OF CONSUMPTION AND THE SERVING SIZE OF SPECIFIED FOOD ITEMS

The weights of the servings are referred to raw food, net weight, except for prepackaged foods (i.e., bread sticks) or when otherwise specified.

Note: Small, is a serving one third smaller than the medium one

Big, is a serving one third bigger than the medium one

Frequency of consumption/week	never or <1/month	=00;
	1-3/month	=98;
	Do not know	=99;

Round off : if the person being interviewed gives a frequency of weekly consumption that is not a whole number (for instance 3-4 equals 3.5) it is suggested to invite the subject to choose the number most appropriate. If this is not possible, then round down (i.e., 3.5=3).

(VARs ali1-ali78; porz17-24; porz28-porz43; porz45-51; porz53-57; porz73-74; mesi 52-57; mesi 65-69; mesi78; codop1- 8; open1-8; porop2-5 porop8; rias1-7; porias1-6; reg1-2; codreg1-2; poreg1-2)

Type of food	Frequency	
	Serving	Number/week
Milk and hot beverages		
Whole milk	1cup, 225ml.	/__ali1__/ 36-37
Partially skimmed milk	1cup, 225ml.	/__/_/ 38-39
Skimmed milk	1 cup, 225ml.	/__/_/ 40-41
Yoghourt	1jar, 125gr.	/__/_/ 42-43
Cappuccino (bar)	1 cup, 125ml.	/__/_/ 44-45
Coffee	1small cup, 50ml.	/__/_/ 46-47
Decaffeinated coffee	1 small cup, 50ml.	/__/_/ 48-49
Tea	1 cup, 125ml.	/__/_/ 50-51
Sugar	1 teaspoon, 3gr.	/__/_/ 52-53
Saccharine	1 packet, tablet, 1.25gr.	/__/_/ 54-55 56-57
Other sweetners	1packet, tablet, 1.25gr.	/__ali11__/ 58-63
Other hot beverages (>=1 week) specify		
.....	codop1	open1
.....	/__/_/_/_/_/	/__/_/

CARD 5**V - DIET**

Study # _____ / _ / _ / 1-2
 Patient's # _____ / _ / _ / _ / _ / 3-7
 Case=1; Control=2; _____ / _ / 8
 Card # _____ / _ 0 / _ 5 / 9

Type of food	Quantity			Frequency	
	Serving	S	M	L	Number/week
<u>First courses and cereals</u>					
Bread	1 slice, 1 roll 50gr.				/ _ / _ / 11-12
Whole wheat bread	1 slice, 1 roll 50gr.				/ _ / _ / 13-14
Crackers (1packet), bread sticks (5), melba toast (3)	30gr.				/ _ / _ / 15-16
Maize	1 slice 100gr.				/ _ / _ / 17-18
Pizza (cooked) (1 medium size)	200gr.				/ _ / _ / 19-20
Risotto	80gr.		porz17		/ _ / _ / 21-23
		/1/	/2/	/3/	
Pasta/rice seasoned with butter or oil	80gr.	/1/	/2/	/3/	/ _ / _ / 24-26
Pasta/rice with tomato sauce	80gr.	/1/	/2/	/3/	/ _ / _ / 27-29
Pasta/rice with ragù sauce	80gr.	/1/	/2/	/3/	/ _ / _ / 30-32
Pasta/rice with pesto sauce	80gr.	/1/	/2/	/3/	/ _ / _ / 33-35
Lasagne/ cannelloni/ tortellini, with meat filling (cooked)	250gr.	/1/	/2/	/3/	/ _ / _ / 36-38
Light soup with noodles (cooked)	250gr.	/1/	/2/	/3/	/ _ / _ / 39-41
Vegetable soup with noodles (cooked)	250gr.	/1/	/2/	/3/	/ _ / _ / 42-44
Other first courses (>1/week) specify	/ _ / _ / _ / _ /		porop2		/ _ / _ / 45-51
		/1/	/2/	/3/	
.....					
.....					
.....					
Grated cheese (parmesan type)	1 teaspoon				/ _ / _ / 52-53

<u>In summary</u>		porias1	rias1	
pasta/rice with sauce		/1/ /2/ /3/	/__ __/	54-56
<u>In summary</u>				
pasta/rice in soup, with or without vegetables		/1/ /2/ /3/	/__ __/	57-59

CARD 6**V - DIET**

Study # / _ / _ / 1-2
 Patient's # / _ / _ / _ / _ / 3-7
 Case=1; Control=2; / _ / 8
 Card # / _ 0 / _ 6 / 9-10

Type of food	Quantity			Frequency	
	Serving	S	M	L	Number/week
<u>Second courses</u>					
Boiled/ poached or raw eggs	1				/ _ / _ / 11-12
Fried eggs/ omelettes	1				/ _ / _ / 13-14
Chicken/turkey, broiled or boiled	200gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 15-17
Chicken/turkey, rabbit roasted, fried or stewed	200gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 18-20
Steak/roast-beef/lean ground beef, veal or horse meat	120gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 21-23
Boiled beef	150gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 24-26
Beef or veal stew/meat balls, etc.	150gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 27-29
Wiener Schinitzel	120gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 30-32
Pork chop/paillard or pork roast	150gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 33-35
Liver	150gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 36-38
Prosciutto (6 slices)/lean processed meat (5)	50gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 39-41
Ham (3 slices)	50gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 42-44
Salami (5 slices)/bologna (2 slices)/sausages (1/2), bacon (6 slices), hot dog (1)	50gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ / 45-47

Type of food	Quantity				Frequency	
	Serving	S	M	L	Number/week	
Fish/molluscs, boiled or broiled	150gr.	/1/	/2/	/3/	/__/_/	48-50
Fish/molluscs, fried	150gr.	/1/	/2/	/3/	/__/_/	51-53
Tuna (1 small can) /sardines (4 fillets) packed in oil	80gr.	/1/	/2/	/3/	/__/_/	54-56
Ricotta/mozzarella cheese, as second course	100gr.	/1/	/2/	/3/	/__/_/	57-59
Other cheeses as second course	80gr.	/1/	/2/	/3/	/__/_/	60-62
Any type of cheese in addition or as snack	25gr.				/__/_/	63-64
Others, (>=1/week) specify	/__/_/_/	/1/	/2/	/3/	/__/_/	65-71
.....						
.....						
.....						
<u>In summary</u>						
Red/white meat (excluding processed meat)		/1/	/2/	/3/	/__/_/	72-74
<u>In summary</u>						
Fish		/1/	/2/	/3/	/__/_/	75-77

CARD 7**V - DIET**

Study # / _ / _ / 1-2
 Patient's # / _ / _ / _ / _ / 3-7
 Case=1; Control=2; / _ / 8
 Card # / _ 0 / _ 7 / 9

Type of food	Quantity			Frequency	
	Serving	S	M	L	Number/week
<u>Side dishes</u>					
Peas/beans/chick peas/ lentils (40gr., dry)	100gr.	/1/	/2/	/3/	/ _ / _ / 11-13
Green and red salad	50gr.	/1/	/2/	/3/	/ _ / _ / 14-16
Raw carrots (1medium)	75gr.	/1/	/2/	/3/	/ _ / _ / 17-19
Cooked carrots	130gr.	/1/	/2/	/3/	/ _ / _ / 20-22
Onions (1 medium)	80gr.	/1/	/2/	/3/	/ _ / _ / 23-25
Boiled potatoes (1 medium)	125gr.	/1/	/2/	/3/	/ _ / _ / 26-28
Fried or roasted potatoes	200gr.	/1/	/2/	/3/	/ _ / _ / 29-31
SEASONAL					Months/year
Artichokes (Jan-Apr)	1whole				/ _ / _ / / _ mesi52 _ / 32-35
Cruciferae (Nov-Apr)	125gr.	/1/	/2/	/3/	/ _ / _ / / _ / _ / 36-40
Spinach/other greens (Nov-Apr)	200gr.	/1/	/2/	/3/	/ _ / _ / / _ / _ / 41-45
Tomatoes (Apr-Sept), (1 medium)	150gr.	/1/	/2/	/3/	/ _ / _ / / _ / _ / 46-50
Salad with carrots, cucumbers, peppers (Apr-Sept)	100gr.	/1/	/2/	/3/	/ _ / _ / / _ / _ / 51-55
Zucchini/eggplants/peppers, cooked (Apr-Sept)	150gr.	/1/	/2/	/3/	/ _ / _ / / _ / _ / 56-60

Other side dishes (>=20 times/year) specify:	/ _ / _ / _ / _ /	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ /	/ _ / _ / 61-69
Other side dishes (>=20 times/year) specify:..... .	/ _ / _ / _ / _ /	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ /	/ _ / _ / 70-78
<u>In summary</u> Raw vegetables		/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ /	79-81
<u>In summary</u> Cooked vegetables (excluding potatoes)		/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ /	82-84

	Serving	S	M	L	Number/week	
1° Course regional recipe specify:.....	/ _ / _ / _ / _ /	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ /	85-91
2° Course regional recipe specify:.....	/ _ / _ / _ / _ /	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ / _ /	92-98

CARD 8
V - DIET

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Study # / _ / _ / 1-2
 Patient # / _ / _ / _ / _ / 3-7
 Case = 1; Control = 2; / _ / 8
 Card # / _ 0 / _ 8 / 9-10

Type of food

Frequency

	Serving	Number/week	
<u>Fruits</u>			
Apples and pears	1 med. size	/ _ / _ /	11-12
Bananas	1 med. size	/ _ / _ /	13-14
Kiwi	1 med. size	/ _ / _ /	15-16
Cooked fruits	150gr.	/ _ / _ /	17-18
Fruit juices (unsweetened)	150ml.	/ _ / _ /	12-20
Fruit juices, sweetened (small bottle)	125gr.	/ _ / _ /	21-22
Honey or jam	1teaspoon	/ _ / _ /	23-24
	3gr.		

Type of food	Frequency			
	Serving	Number/week		
<u>Fruit</u>				
SEASONAL			Months	
Citrus fruits (not spec: 6 months, Nov-Apr.)	150gr.	/ _ / _ /	/ _ / _ /	25-28
Peaches, apricots and prunes (not spec: 4 months, Jun-Aug)	100gr.	/ _ / _ /	/ _ / _ /	29-30
Melon (not spec: 3 months, Jun-Aug)	2 slices 75gr.	/ _ / _ /	/ _ / _ /	33-36
Grapes (not spec: 3 months, Aug-Oct)	230 gr.	/ _ / _ /	/ _ / _ /	37-40
Strawberries and cherries (not spec: 2 months, May-Jun)	1small bowl 150gr.	/ _ / _ /	/ _ / _ /	41-44
Other fruits (at least 20 times a year) specify:.....	/ _ / _ / _ /	/ _ / _ /	/ _ / _ /	45-52
Other fruits (at least 20 times a year) specify:.....	/ _ / _ / _ /	/ _ / _ /	/ _ / _ /	52-60
<u>In summary</u>				
Fresh fruit		/ _ / _ /		61-62

Type of food	Quantity			Frequency		
	Serving	S	M	L	Number/ week	
Biscuits	7 50gr.				/ _ _ /	63-64
Croissants and doughnuts	50 gr.				/ _ _ /	65-66
Pastry, doughnuts with cream or custard	50gr. 1 slice	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ _ /	67-68 69-71
Pound cakes, plain cakes, christmas and easter cakes	100gr. 100gr.	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ _ /	72-74
Fruit or jam pies (1 slice), fruit tarts (1)	1 1 glass				/ _ _ /	75-76 77-78
Chocolate candies	150ml.					
Soft drinks	1 2 scoops				/ _ _ /	79-80
Candies	1 cone, 100gr.				/ _ _ /	Months / _ _ /
Icecream						81-84
	/ _ _ / _ _ /	/ <u>1</u> /	/ <u>2</u> /	/ <u>3</u> /	/ _ _ /	85-91
Other cakes or soft drinks (=1/week) specify:.....						

CARD 9**V – DIET (VARS alc1-27)**

Study #	/ _ / _ /	1-2
Patient #	/ _ / _ / _ / _ /	3-7
Case = 1; Control =2;	/ _ /	8
Card #	/ _ 0 / _ 9 /	9-10

ALCOHOL CONSUMPTION

- Do you drink or used to drink alcoholic beverages?

/1/ No	/2/ Yes	/3/ Only in the past	alc1 / _ /	11
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When?

/1/ With meals	/2/ Between meals	/3/ Both	alc2 / _ /	12
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Type of drink	No. days/week	No. units/week	Age at beginning of regular consumption	If ex drinker, give age at quitting	
Wine (125ml.)	alc3 / _ /	alc4 / _ / _ / _ /	alc5 / _ / _ /	alc6 / _ / _ /	13-20
Beer (330ml.)	alc7 / _ /	alc8 / _ / _ / _ /	alc9 / _ / _ /	alc10 / _ / _ /	21-28
After dinner					
drinks (30ml.)	alc11 / _ /	alc12 / _ / _ / _ /	alc13 / _ / _ /	alc14 / _ / _ /	29-36
Grappa (30ml.)	alc15 / _ /	alc16 / _ / _ / _ /	alc17 / _ / _ /	alc18 / _ / _ /	37-44
Whisky, cognac					
and brandy (30ml.)	alc19 / _ /	alc20 / _ / _ / _ /	alc21 / _ / _ /	alc22 / _ / _ /	45-52
Others, (=1/week)					
specify:					
.....					
.....					
/ _ / _ / _ /	/ _ /	/ _ / _ / _ /	/ _ / _ /	/ _ / _ /	53-64

Note: Consumption 1-3/month = 998

CARD 10**VI - MEDICAL HISTORY (anam1-27; icdan10-11)**

Study #	/ _ / _ /	1-2
Patient #	/ _ / _ / _ / _ /	3-7
Case = 1; Control =2;	/ _ /	8
Card #	/ _ 1/0/	9-10

Do you have (or had) any of the following diseases (or undergone the following procedures)?

	Age at first diagnosis	
Diabetes.....	/ _ / _ /	11-12
Obesity.....	/ _ / _ /	13-14
Hypertension (treated with drugs).....	/ _ / _ /	15-16
High cholesterol/triglycerids.....	/ _ / _ /	17-18
Gallstones.....	/ _ / _ /	19-20
Allergies (specify).....	/ _ / _ /	21-22
Esophagitis.....	/ _ / _ /	23-24
Gastro-duodenal ulcer.....	/ _ / _ /	25-26
Intestinal polyps.....	/ _ / _ /	27-28
Malignant tumors (specify _____) (I.C.D.) / _ / _ / _ /	/ _ / _ /	29-34
Other serious illnesses (spec. _____) (I.C.D.) / _ / _ / _ /	/ _ / _ /	35-40

(Serious illness: >1month hospitalization
>10year regular therapy)

Thyroid diseases, not specified.....	/ _ / _ /	41-42
Thyroid nodule (adenoma).....	/ _ / _ /	43-44
Goiter	/ _ / _ /	45-46
Hyperthyroidism.....	/ _ / _ /	47-48
Hypothyroidism.....	/ _ / _ /	49-50

WOMEN ONLY

Ovarian cysts.....	/ _ / _ /	51-52
Uterine fibromyomas.....	/ _ / _ /	53-54
Endometriosis.....	/ _ / _ /	55-56
Breast nodule (fibroadenoma).....	/ _ / _ /	57-58
Fibrocystic mastopathy.....	/ _ / _ /	59-60
Breast biopsies.....	/ _ / _ /	61-62

Hysterectomy (removal of the uterus).....	/__/_/	63-64
Monolateral oophorectomy (removal of one ovary).....	/__/_/	65-66
Bilateral oophorectomy (removal of both ovaries).....	/__/_/	67-68
Pelvic infections (salpingitis, etc.)	/__/_/	69-70
Stein-Levnethal syndrome (polycystic ovary).....	/__/_/	71-72
Observations.....		
.....		
.....		
.....		
.....		

CARD 11**VII - CANCER FAMILY HISTORY (VARS fam1-32)**

Study # _____ /__/_/ 1-2
 Patient # _____ /__/_/_/_/_/ 3-7
 Case = 1; Control =2; _____ /__/_/ 8
 Card # _____ /_1/_1/ 9-10

Give number of sisters, if any: _____ **fam1** /__/_/ 11-12

Give number of brothers, if any: _____ **fam2** /__/_/ 13-14

Has anyone of your relatives ever developed a malignant tumour?

ONE RELATIVE EACH LINE

specify:

Mother =1

Father =2

Sister =3

Brother =4

Grandmother =5

Grandfather =6

Daughter =7

Son =8

Spouse =9

Alive/1/

Deceased/2/

If deceased, give
age at death;

if alive, give
present age

Type of tumor

Age at
diagnosis

_____ fam3 /__/_/	fam4 /__/_/	fam5 /__/_/ _____ (ICD) fam6 /__/_/_/_/	fam7 /__/_/_/15-24
_____ fam8 /__/_/	fam9 /__/_/	fam10 /__/_/_/_/ _____ (ICD) fam11 /__/_/_/_/	fam12 /__/_/_/25-34
_____ fam13 /__/_/	fam14 /__/_/	fam15 /__/_/_/_/ _____ (ICD) fam16 /__/_/_/_/	fam17 /__/_/_/35-44
_____ fam18 /__/_/	fam19 /__/_/	fam20 /__/_/_/_/ _____ (ICD) fam21 /__/_/_/_/	fam22 /__/_/_/45-54
_____ fam23 /__/_/	fam24 /__/_/	fam25 /__/_/_/_/ _____ (ICD) fam26 /__/_/_/_/	fam27 /__/_/_/55-64
_____ fam28 /__/_/	fam29 /__/_/	fam30 /__/_/_/_/ _____ (ICD) fam31 /__/_/_/_/	fam32 /__/_/_/65-74

CARD 12**VIII - OBSTETRIC/GYNECOLOGIC HISTORY (women only) (VARs gin1-28)**

Study #	/ _ / _ /	1-2
Patient #	/ _ / _ / _ / _ /	3-7
Case = 1; Control =2;	/ _ /	8
Card #	/ <u>1</u> / <u>2</u> /	9-10

Age at menarche	/ _ / _ /	11-12
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Menstrual cycle:

Duration of bleeding (days)	/ _ /	13
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Medium length of menstrual cycles: (excluding during the use of oral contraceptives)	<21days = 1; 21-25 =2 26-30 =3; 31-35 =4; Totally irregular =8 Do not know =9	/ _ /	14
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Menopausal status

pre- =1 peri- =2 post-menopause =3	/ _ /	15
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If in "post-menopause": give age at menopause	/ _ / _ /	16-17
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Type of menopause:

natural =1 surgical =2		
radiation =3 pharmacological=4	/ _ /	18

Total number of :

Live births	/ _ /	19
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Miscarriages	/ _ /	20
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Induced abortions	/ _ /	
-------------------	-------	--

21

Age at first pregnancy (abortion or birth)	/ _ / _ /	22-23
--	-----------	-------

The first pregnancy ended as: miscarriage =1

induced abortion=2

still birth =3

birth =4

/ _ /	24
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Age at each child birth

I	II	III	IV	V	VI	Last	
/ _ / _ /	/ _ / _ /	/ _ / _ /	/ _ / _ /	/ _ / _ /	/ _ / _ /	/ _ / _ /	25-38

Breast feeding

I	II	III	IV	V	VI	Last	
/__/	/__/	/__/	/__/	/__/	/__/	/__/	39-45

0 = No breast feeding for personal or medical reasons.

1-6 = Length of breast feeding in months (6 or more =6).

7 = Breast feeding, not known.

8 = Tried, but unable.

9= Unknown.

How long (months) had you practiced sexual intercourses, without the use of contraceptives, before becoming pregnant for the first time?

/__/_/_/ **46-48**

Have you ever been treated for sterility? (age)

/__/_/ **49-50**

Cause:

Fallopian tube occlusion =1; Hormonal unbalance =2;

Endometriosis =3; Partner's sterility =4;

Other specify:_____ =8;

/__/ **51**

CARD 13**VIII - OBSTETRIC/GYNECOLOGIC HISTORY (women only) (VARs farm1-40; v23-24)**

Study #	/ _ / _ /	1-2
Patient #	/ _ / _ / _ / _ /	3-7
Case = 1; Control =2;	/ _ /	8
Card #	/ _ 1 / _ 3 /	9-10

HAVE YOU EVER USED ANY OF THE FOLLOWING DRUGS?

Oral contraceptives =1; drugs to prevent miscarriage =2; to regulate menstrual cycle =3; fertility drugs =4; drugs to stop breast feeding =5; female hormone to treat acne/ hypertrichosis =6; hormones to treat endometriosis =7; menopause replacement therapy =8.

Age at start	Duration (months)	Indication	Drug (commercial brand name)	Code
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 11-19
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 20-28
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 29-37
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 38-46
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 47-55
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 56-64
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 65-73
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 74-82
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 83-91
/ _ / _ /	/ _ / _ /	/ _ /	_____	/ _ / _ / 92-100

ALL

Patient's reliability (interviewer's opinion)

Very good =1

Good =2

Mediocre =3

Poor =4

/ _ / 101

Length of interview (minutes)

/ _ / _ / _ / 102-104