

Baseline Questionnaire

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Demographics:

1. Have you ever been diagnosed with cancer?

a. Yes

• If yes, check all that apply:

None

Breast Cancer, Age at Diagnosis _____

Colon Cancer, Age at Diagnosis _____

Liver Cancer, Age at Diagnosis _____

Ovarian Cancer, Age at Diagnosis _____

Esophageal Cancer, Age at Diagnosis _____

Pancreatic Cancer, Age at Diagnosis _____

Stomach Cancer, Age at Diagnosis _____

Other, Specify Site _____ Age at
Diagnosis _____

b. No

2. What is your current age? _____

3. What is your current height? _____ Feet _____ Inches

4. What is your current weight? _____ Pounds

5. Has your weight varied in the past 12 months?

Remained stable

Intentionally gone up more than 10 pounds

Unintentionally gone up more than 10 pounds

Intentionally gone down more than 10 pounds

Unintentionally gone down more than 10 pounds

6. Do you consider yourself Hispanic or Latino?

Yes

No

Don't know

Prefer not to answer

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7. What race or races do you consider yourself to be? (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other
- Don't know
- Prefer not to answer

8. Are you of Ashkenazi Jewish descent?

- Yes
 - If yes, please check the number of grandparents who were Ashkenazi Jewish
 - 1
 - 2
 - 3
 - 4 or more
- No
- Don't know
- Prefer not to answer

9. Which is the highest grade or level of education you have completed?

- 8th grade or less
- Some high school
- High school graduate or GED
- Vocational, technical or business school
- Some college or Associates Degree
- Four-year college graduate
- Graduate or professional school
- Other

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Smoking History:

1. Have you smoked at least 100 cigarettes in your entire life?
 - Yes
 - No
 - If not, skip to Question #6
 - Don't know
 - Prefer not to answer

2. Do you currently smoke cigarettes every day, some days, or not at all?
 - Every day
 - Some days
 - Not at all
 - If no, skip to Question #4
 - Don't know
 - Prefer not to answer

3. At what age did you start smoking? _____

4. If you no longer smoke cigarettes regularly, at what age did you stop? _____

5. When you smoked, on average how many cigarettes did you/do you smoke per day?
 - Less than a half a pack (1-10)
 - Less than a pack (10-20)
 - A pack a day
 - 1-2 packs a day
 - More than 2 packs a day

Only answer the below questions if you answered "No" to Question #1.

6. Were you exposed to smoke from other people's cigarettes or tobacco products at home during childhood?
 - Yes
 - If yes, hours per day? _____
 - No

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- Don't know
- Prefer not to answer

7. Were you exposed to smoke from other people's cigarettes or tobacco products at home during adulthood

- Yes
 - If yes, hours per day? _____
- No
- Don't know
- Prefer not to answer

8. Were you exposed to smoke from other people's cigarettes or tobacco products at work during adulthood?

- Yes
 - If yes, hours per day? _____
- No
- Don't know
- Prefer not to answer

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Alcohol History:

1. Have you ever consumed alcoholic beverages, such as beer, wine, or liquor at least once a week for 6 months or more?
 - Yes
 - No
 - Don't know
 - Prefer not to answer

2. How often did you have a drink containing alcohol in the past 12 months? (Consider a "drink" to be a can or bottle of beer, a glass of wine, or 1 cocktail or shot of hard Liquor such as scotch, gin, or vodka.)
 - None – Skip the remaining questions in this section
 - Once a month or less
 - 2 to 4 times a month
 - 2 to 3 times a week
 - 4 to 5 times a week
 - 6 or more times a day

3. How many drinks did you have on a typical day when you were drinking in the past 12 months?
 - 0 to 2 drinks
 - 3 to 4 drinks
 - 5 to 6 drinks
 - On more than one occasion?
 - Yes
 - No
 - 7 to 9 drinks
 - On more than one occasion?
 - Yes
 - No
 - 10 or more drinks
 - On more than on occasion
 - Yes
 - No

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4. Did you ever regularly (more than once a week for a year) drink 3 or more alcoholic beverages in a day?

Yes

- If yes, what age did you start drinking regularly? _____
- If yes and you stopped, what age did you stop drinking regularly? _____

No

5. What do you drink mainly?

Beer

Wine

Hard liquor

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Menstrual History:

1. How old were you for your first menstrual period? _____
2. How old were you when you entered menopause? _____
3. Cause of Menopause:
 - Natural
 - Chemotherapy/medication induced
 - Surgery on reproductive organs
 - Other: _____
4. Between the ages of 18 and when you began menopause, have you ever experienced a time interval of 3 or more months when you did not have a menstrual period?
 - Yes, one time only
 - Yes, more than once
 - No (skip to Question #7)
 - Don't know (skip to Question #7)
5. If yes to Question #4, were you breastfeeding at the time?
 - Yes
 - No
 - Don't know
6. If yes to Question #5, were you breastfeeding or pregnant every time this happened
 - Yes
 - No
 - Don't know

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7. During ages 18-22 what was the pattern of your menstrual cycles? (excluding time around pregnancies)
- Regular
 - Usually irregular
 - Always irregular
 - No periods
8. Have you undergone mastectomy?
- Yes, one breast at age ____, Reason _____
 - Yes, both breasts at age ____, Reason _____
 - No
9. Have you undergone oophorectomy (removal of one or both ovaries)?
- Yes, Unilateral at age ____, Reason _____
 - Yes, Bilateral at age ____, Reason _____
 - No
10. Have you undergone a hysterectomy (removal of the uterus)?
- Yes, at age ____, Reason _____
 - No
11. Have you ever been pregnant?
- Yes
 - No (skip to Question #16)
12. How many pregnancies have you had? _____

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13. What was the outcome of your pregnancy?

	Pregnancy:														
Outcome	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Live Birth															
Still Born															
Other															

Other, please describe: _____

14. If live birth, did you breast feed?

Yes

• If yes, how many months for each child?

No

15. How old were you for your first birth? _____

16. Have you ever taken hormone replacement therapy other than birth control pills (e.g. estrogen, estrogen/progesterone combination)?

Yes

• If yes, how old were you when you first began taking any hormone therapy? _____

No (skip the remaining questions in this section)

17. What type of therapy are you taking now or most recently took?

Estrogen only

Estrogen and progesterone (Provera or Prempro)

Don't know

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18. Are you still taking hormone therapy?

Yes

No

- If no, how old were you when you stopped taking any hormone therapy? _____

19. Check all that apply, have you ever taken?

Tamoxifen

Raloxifene

None

Don't know

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Cancer History:

1. Is your mother alive or deceased?

Alive

• What is her current age? _____

Deceased

• What was her age at death? _____

2. Did your mother ever have cancer?

Yes

• If yes, type of first cancer? _____

No

Don't know

3. Is your father alive or deceased?

Alive

• What is his current age? _____

Deceased

• What was his age at death? _____

4. Did your father ever have cancer?

Yes

• If yes, type of first cancer? _____

No

Don't know

5. How many brothers do you have? _____

6. How many sisters do you have? _____

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7. Complete the following questions for **each sibling** (skip to the next question, if you do not have siblings):

- What is the current age, or if deceased their age at death?

- Did your (sister/brother) ever have cancer?

Yes

- If yes, type of first cancer (for each sibling)?

- If yes, age at first cancer (for each sibling)?

No

Don't know

8. How many daughters do you have? _____

9. How many sons do you have? _____

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10. Complete the following questions for **each child** (skip to the next question, if you do not have children):

- What is the current age, or if deceased their age at death?

- Did your (daughter/son) ever have cancer?

- Yes

- If yes, type of first cancer (for each child)?

- If yes, age of first cancer (for each child)?

- No

- Don't know

11. Have any of your close family members (parents, siblings, children) been diagnosed with or had a positive genetic test for the following hereditary cancer syndromes?

- None
- Lynch Syndrome (including MLH1, MSH2, MSH6 & PMS2 genes)
- Hereditary Breast/Ovarian Cancer syndrome (including BRCA1/2 genes)
- Cowden syndrome (PTEN gene)
- Familial adenomatous polyposis (APC gene)
- MUTYH-associated polyposis (MUTYH gene)
- Li-Fraumeni syndrome (TP53 gene)
- Hereditary melanoma (CDKN2A gene)
- Hereditary diffuse gastric cancer (CDH1 gene)
- Peutz-Jeghers syndrome (STK11 gene)
- Other hereditary cancer syndrome or positive genetic test for hereditary cancer (specify) _____

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Medications:

Please check any medications that you ever used on a regular basis (i.e., at least once per week)

<u>Check if YES</u>		<u>Less than 1 year</u>	<u>1 to 3 years</u>	<u>3 to 5 years</u>	<u>6 to 10 years</u>	<u>11 years or more</u>
	Advil, Aleve, Motrin or other non-steroidal anti-inflammatory drugs					
	Celebrex, Vioxx or Bextra					
	Aspirin – full dose or extra strength					
	Aspirin – low dose or baby aspirin					
	Tylenol					
	Other drug for pain relief					

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Other Medical Conditions: Please check any conditions that you have ever been diagnosed with.

Have you ever been diagnosed with any of the following?	Yes	Year diagnosed?	
Fibrocystic/ other benign breast disease			Confirmed by breast biopsy? [] yes [] no
			Confirmed by aspiration? [] yes [] no
Ductal Carcinoma in Situ			
Non-cancerous colon or rectal polyp (adenoma)			
Ulcerative colitis/Crohn's disease			
Gastric ulcer			
Barrett's esophagus			
Diabetes			Are you taking medicine for this? [] yes [] no [] don't know
			If you are taking medicine, is it: [] insulin [] pills
			If you are taking medicine, at what age was this first treated?
			If you are taking insulin, was it your first diabetes medicine? [] yes [] no [] don't know
			Did diabetes occur ONLY during pregnancy? [] yes [] no [] don't know
Endometriosis- 1 st diagnosis			Confirmed by laparoscopy? [] yes [] no
Uterine fibroids- 1 st diagnosis			Confirmed by pelvic exam? [] yes [] no
			Confirmed by ultrasound/hysterectomy? [] yes [] no

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Have you ever been diagnosed with any of the following?	Yes	Year diagnosed?	
Multiple sclerosis			
Emphysema/chronic bronchitis, doctor diagnosed			
Grave's disease/hyperthyroidism			
Thyroid nodule (benign)			
Gout			
SLE (systemic lupus)			
Rheumatoid arthritis, doctor diagnosed			
H. Pylori			
Hepatitis A			
Hepatitis B			
Hepatitis C			
Jaundice (yellowing of skin or eye)			
Cirrhosis			
Alcoholic liver disease			
Non-alcoholic fatty liver disease			
HIV (AIDS)			
Pancreatitis			Was this related to a procedure (ERCP or EUS)? Did you have more than one episode?
Other major illness or surgery			Please specify:

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1. During the past three years, have you had a chest x-ray?
 - Yes, once
 - Yes, more than once
 - No (skip to Question #3)
 - Don't know (skip to Question #3)

2. If yes, what was the outcome of the test?
 - Normal
 - Other, please explain: _____

3. During the past three years, have you had a test for blood in the stool?
 - Yes, once
 - Yes, more than once
 - No
 - Don't know

4. During the past three years, have you had a colonoscopy, sigmoidoscopy, virtual (CT) colonoscopy or barium enema to examine the colon and rectum?
 - Yes, once
 - Yes, more than once
 - Don't know
 - No

5. During the past three years, have you had an upper endoscopy to examine the esophagus, or stomach?
 - Yes, once
 - Yes, more than once
 - No
 - Don't know

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6. During the past three years, have you had a mammogram?
- Yes, once
 - Yes, more than once
 - No
 - Don't know
7. During the past three years, have you had a MRI of the breast?
- Yes, once
 - Yes, more than once
 - No
 - Don't know
8. During the past three years, have you had a Pap smear?
- Yes, once
 - Yes, more than once
 - No
 - Don't know
9. During the past three years, have you had a pelvic examination?
- Yes, once
 - Yes, more than once
 - No
 - Don't know
10. During the past three years, have you had an ultrasound or scan of your ovaries?
- Yes, once
 - Yes, more than once
 - No
 - Don't know

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11. During the past three years, have you had a blood test for ovarian cancer (for example, CA-125)?

- Yes, once
- Yes, more than once
- No
- Don't know

12. During the past three years, have you had your pancreas screened?

- Yes, via Computed Tomography (CT, CAT)
- Yes, via Magnetic Resonance Imaging (MRI)
- Yes, via Endoscopic Ultrasound (EUS)
- Yes, via other screening method
- No (skip to Question #14)

13. What was the outcome of the test?

- Normal
- Other, please explain: _____

14. During the past three years, have you a Computed Tomography (CT, CAT)?

- Yes
- No (skip to Question #17)

15. Please indicate the reason for the CT/CAT scan: _____

16. Please indicate the results of the CT/CAT scan: _____

17. During the past three years, have you an MRI?

- Yes
- No (skip the remaining questions in this section)

18. Please indicate the reason for the MRI: _____

19. Please indicate the results of the MRI: _____