

U-CAN

This questionnaire includes questions about your health, lifestyle, previous or current diseases and heredity of cancer. Some questions about specific years in the past may seem difficult to answer precisely. However, it is better to answer approximately than not at all. Thank you for your participation!

YOUR NAME

**PERSONAL IDENTITY
NUMBER**

						-				
y	y	m	m	d	d		n	n	n	n

QUESTIONNAIRE DATE

2	0			-			-		
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DISPOSITION OF QUESTIONNAIRE

QUESTIONS FOR EVERYONE

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QUESTIONS FOR EVERYONE

QUESTIONS ABOUT YOU AND YOUR ETHNIC ORIGIN

1.0 How tall are you?

--	--	--

 cm

2.0 How much do you weigh?

--	--	--

 kg

2.1 Estimate your weight 10 years ago.

--	--	--

 kg

3.0 Were you born in Sweden?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.1 If no, in which country were you born?

Yes No Don't know

3.2 If no, what year did you move to Sweden?

--	--	--	--

 year

4.0 Were your biological parents born in Sweden?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Yes No Don't know

4.1a If no, where was your mother born? _____ ^b Don't know

4.2a If no, where was your father born? _____ ^b Don't know

5.1a-p How would you describe your ethnic origin geographically?

Maximum four options possible.

- | | | |
|--|---|--|
| a <input type="checkbox"/> Scandinavian | f <input type="checkbox"/> Northern African | k <input type="checkbox"/> Northern Asian |
| b <input type="checkbox"/> Northern European | g <input type="checkbox"/> Central-/South African | l <input type="checkbox"/> Central Asian |
| c <input type="checkbox"/> Southern European | h <input type="checkbox"/> North American | m <input type="checkbox"/> South Asian |
| d <input type="checkbox"/> Middle Eastern | i <input type="checkbox"/> Central American | n <input type="checkbox"/> Australian |
| e <input type="checkbox"/> Indian | j <input type="checkbox"/> South American | o <input type="checkbox"/> Other (Answer 5.1p) |

5.1p If 'Other', which region? _____

HOUSEHOLD AND HOME SITUATION

6.0 What is your current marital status?

- Married/Registered partner Divorced (Answer 6.1)
 Unmarried (Answer 6.1) Widow/Widower (Answer 6.1)

6.1 If you did not answer 'Married', do you live in a relationship?

- Yes, I am in a relationship No, I am single

7.1-2 Who is/are living in your current household?

Indicate how you live and if there are children in the household.

- 7.1 One-person household 7.2 No children in the household
 I am living with my partner There are children <18 years old
 I live with parents/relatives/friends There are children >18 years old

8.0 How many persons are living in your household today (including yourself)?

--	--

persons

9.0 What type of residence do you have?

- Rented apartment Assisted living facility
 Co-operative apartment Other residence, indicate what type:
 Town house/detached house

9.1 _____

10.0 How would you describe your social life today?

- I basically have no social relations
 I neither have many nor few social relations
 I have a lot of social relations

11.1-2 How would you describe your financial situation today and 10 years ago?

	11.1 <i>Today</i>	11.2 <i>10 years ago</i>
My economy is/was bad	<input type="checkbox"/>	<input type="checkbox"/>
My economy is/was neither good nor bad	<input type="checkbox"/>	<input type="checkbox"/>
My economy is/was good	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION AND WORK LIFE

12.0 **What option corresponds best to your highest completed education?**

- | | |
|---|--|
| <input type="checkbox"/> Not completed elementary school/equivalent | <input type="checkbox"/> Upper secondary school |
| <input type="checkbox"/> Elementary school or equivalent | <input type="checkbox"/> University/College, 1-3 years |
| <input type="checkbox"/> Community college ("Folkhögskola") | <input type="checkbox"/> University/College, 4 years or more |
| <input type="checkbox"/> Vocational school ("Yrkeshögskola") | <input type="checkbox"/> Licentiate degree/Doctor's degree |

13.1-8 **How would you describe your occupation during the past year?**

Two choices are possible. Indicate percentage and starting year for each choice.

	13.A Percentage	13.B From which year									
13.1 <input type="checkbox"/> Paid work, full time/part time	<table border="1"><tr><td></td><td></td><td></td><td>%</td></tr></table>				%	<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year
			%								
				year							
13.2 <input type="checkbox"/> Self-employed/self-provider	<table border="1"><tr><td></td><td></td><td></td><td>%</td></tr></table>				%	<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year
			%								
				year							
13.3 <input type="checkbox"/> Unemployed	<table border="1"><tr><td></td><td></td><td></td><td>%</td></tr></table>				%	<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year
			%								
				year							
13.4 <input type="checkbox"/> Student	<table border="1"><tr><td></td><td></td><td></td><td>%</td></tr></table>				%	<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year
			%								
				year							
13.5 <input type="checkbox"/> On sick leave	<table border="1"><tr><td></td><td></td><td></td><td>%</td></tr></table>				%	<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year
			%								
				year							
13.6 <input type="checkbox"/> Disability pension/healthcare allowance		<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year				
				year							
13.7 <input type="checkbox"/> Retired		<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year				
				year							
13.8 <input type="checkbox"/> Neither working nor seeking job		<table border="1"><tr><td></td><td></td><td></td><td></td><td>year</td></tr></table>					year				
				year							

14.0 **Have you regularly been working shifts or irregular hours?**

- No Yes (Answer 14.1) Don't know

14.1 *If yes, for how many years in total?*

		years
--	--	-------

15.0 **During your life time, which profession(s) are/were your main one(s)?**

Report up to three professions and approximately how many years you worked within each.

15.1a	1. _____	15.1b	<table border="1"><tr><td></td><td></td></tr></table> years		
15.2a	2. _____	15.2b	<table border="1"><tr><td></td><td></td></tr></table> years		
15.3a	3. _____	15.3b	<table border="1"><tr><td></td><td></td></tr></table> years		

CAPACITY AND ENERGY

16.0 **How would you describe your capacity to carry out work/chores today?**

- I am fully capable of carrying out all things I undertook previous to my illness.
- I have a limited capacity to carry out laborious work, but I am mobile and can for example carry out household chores and office work.
- I am mobile and fully capable of caring for my self (hygiene/food/etc.), but do not have enough energy to be active more than 50% of my waking hours.
- I am not fully capable of caring for myself and I spend more than 50% of my waking hours sitting and/or lying down.
- I am incapable of caring for myself and have very limited mobility, I spend all my waking hours sitting or lying down.

YOUR ALCOHOL HABITS

17.0 **What best describes your relationship to alcohol?**

- I drink alcohol, either regularly or just sometimes (Answer 17.1 to 18.0)
- I used to drink alcohol, but not anymore (Answer 17.1 to 19.0)
- I am a non-drinker and have, in principle, never consumed alcohol (Go to 20.0)

17.1 *How old were you when you started drinking?*

		years old
--	--	-----------

17.2 *Estimate total number of years of alcohol consumption*
Subtract years of sobriety.

		years
--	--	-------

18.0 **How many 'standard drinks' do you estimate that you drink/were drinking per week?**

		total/week
--	--	------------

Consider the past 5 years or, if applicable, when you were drinking.

One standard drink corresponds to:

Medium strong beer, 50 cl	3,5%
Beer, 33 cl	5-6%
One glass of wine, 15 cl	11-13%
One drink, 4 cl	40%

Number of standard drinks:

One beer, 50 cl	1,5
One bottle of wine, 75	6
One bottle of liquor, 75	18

19.0 **If you previously drank alcohol, what time span are you referring to?**

Consumption between years:

a					-					b	year
---	--	--	--	--	---	--	--	--	--	---	------

YOUR SMOKING HABITS

20.0 **Do you smoke, or have you smoked?**

- I currently smoke, or I quit smoking less than 6 months ago
- I smoked before and quit smoking at least 6 months ago
- I am a non-smoker, or have smoked <200 cigarettes or equivalent (go to 23.0)

20.1 *How old were you when you started smoking?*

--	--

 years old

20.2 *Estimate the total number of years you have smoked*
Subtract any years when you were not smoking.

--	--

 years

21.0 **How would you describe your current or previous smoking habits?**

- I smoke/smoked regularly/habitually and usually the same amount per day/week
- I smoke/smoked regularly/habitually but different amounts at different periods
- I have mostly been a party smoker or only smoking occasionally

22.0 **During your years of smoking, how many cigarettes do/did you smoke on average per week?**

--	--	--

 number

If you mainly have been using another smoking device, like a pipe or cigars for example, estimate how much that would equate to in terms of cigarettes per week.

YOUR GENERAL HEALTH IN THE PAST YEAR

23.0 **How would you assess your general health status one year ago?**

- Very bad Neither good nor bad
- Bad Good

24.0 **Have you, in the past 12 months, experienced a clear decline in your health?**

- No Yes Don't know

25.0 **When you were asked to participate in U-CAN, what was the main reason for your contact or visit to the health care provider?**

YOUR ANAMNESIS: PREVIOUS CANCER

26.0 **Have you previously in your life been diagnosed with cancer?**

No (Go to 27.0)

Yes (Answer 26.1 to 26.4)

Don't know

26.1a-x *If yes, what type(s) of cancer did you previously have?*

Multiple choices are possible.

a Breast cancer

h Lung cancer

o Prostate cancer

b Pancreatic cancer

i Lymphoma

p Colorectal cancer

c Brain tumour

j Gastric cancer

q Bladder cancer

d Leukemia

k Malignant melanoma

r Ovarian cancer

e Liver-/gallbladder cancer

l Esophageal cancer

s Head-Neck cancer

f Uterine cancer

m Neuroendocrine c.

t Don't know/Can't remember

g Cervical cancer

n Kidney cancer

u Other type (Answer 26.1x)

26.1v *If more than one answer, which was the latest?*

26.1x *If you answered 'other', which cancer type?*

26.2 *How old were you the previous time you were diagnosed with cancer?*

		years
--	--	-------

26.3a-g *What treatment did you receive for your (last) previous cancer?*

Multiple answers are possible.

a Surgery

d Immunotherapy

b Chemotherapy

e No treatment

c Radiation

f Other treatment, indicate what:

26.3g *If you answered 'Other treatment', what type?*

26.4 *Between which years, and for how many months, were you (last) treated?*

Treatment start

				year
--	--	--	--	------

26.4a

Treatment end

				year
--	--	--	--	------

26.4b

Treatment duration

		months
--	--	--------

26.4c

26.4d Treatment is still ongoing

YOUR OTHER ANAMNESIS

27.0 **Has a doctor diagnosed you with diabetes?**

- No Yes, diabetes type 1 Don't know
 Yes, but don't know which Yes, diabetes type 2

27.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

27.2 *If yes, how is it treated?*

- a Insulin b Pills c Diet d Untreated

28.0 **Has a doctor diagnosed you with high blood pressure/hypertension?**

- No Yes Don't know

28.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

28.2 *If yes, how is it treated?*

- a Exercise b Pills c Diet d Untreated

29.0 **Has a doctor diagnosed you with high blood lipids/hyperlipidemia?**

- No Yes Don't know

29.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

29.2 *If yes, how is it treated?*

- a Exercise b Pills c Diet d Untreated

30.0 **Has a doctor diagnosed you with heart failure?**

- No Yes Don't know

30.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

30.2 *If yes, is it medically treated?*

- No Yes

31.0 **Has a doctor diagnosed you with angina pectoris?**

No

Yes

Don't know

31.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

31.2 *If yes, is it medically treated?*

No

Yes

32.0 **Has a doctor diagnosed you with hypothyreosis?**

Hypothyreosis is reduced metabolism originating from the thyroid gland.

No

Yes

Don't know

32.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

33.0 **Has a doctor diagnosed you with liver disease?**

No

Yes

Don't know

33.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

33.2 *If yes, what type of liver disease?* _____

34.0 **Has a doctor diagnosed you with gallbladder disease?**

No

Yes

Don't know

34.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

34.2 *If yes, was it a gallstone disease?*

Yes

Don't know

No, other type, namely:

34.2a

35.0 **Has a doctor diagnosed you with a pulmonary or breathing disorder?**
 No Yes Don't know

35.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

35.2 *If yes, what type of pulmonary/breathing disorder?*
a Astma b COPD c Emphysema d Don't know
e Other type, namely: 35.2f _____

36.0 **Has a doctor diagnosed you with inflammatory bowel disease?**
 No Yes Don't know

36.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

36.2 *If yes, which inflammatory bowel disease?*
a Crohn's b Ulcerative colitis c Don't know
d Other type, namely: 36.2e _____

37.0 **Has a doctor diagnosed you with kidney disease?**
 No Yes Don't know

37.1 *If yes, what year were you diagnosed?*

--	--	--	--

 year

37.2 *If yes, what type of kidney disease?* _____

37.3 *If yes, have you recieved dialysis ?* Yes No

38.0 **Have you suffered a myocardial infarction?**
 No Yes Don't know

39.0 **Have you suffered a stroke (thrombosis or brain hemorrhage)?**
 No Yes Don't know

40.0 **Have you undergone an organ transplantation?**

No

Yes

Don't know

If yes, which organ(s) has/have been transplanted to you?

Maximum three answers, indicate the year when each transplantation took place.

Year of transplantation

40.1a 1. _____

40.1b

--	--	--	--

 year

40.2a 2. _____

40.2b

--	--	--	--

 year

40.3a 3. _____

40.3b

--	--	--	--

 year

41.0 **Have you undergone surgery or had operations performed on you?**

No

Yes

Don't know

If yes, what was the reason for the surgery or operation?

Report maximum five answers, include the year of each procedure.

Year of operation

41.1a 1. _____

41.1b

--	--	--	--

 year

41.2a 2. _____

41.2b

--	--	--	--

 year

41.3a 3. _____

41.3b

--	--	--	--

 year

41.4a 4. _____

41.4b

--	--	--	--

 year

41.5a 5. _____

41.5b

--	--	--	--

 year

42.0 **Have you had, or been treated for, periods of mental illness?**

No

Yes

Don't know

If yes, for what type/types of mental illness?

Report maximum three answers and the year of the latest occurrence.

42.1a 1. _____

42.1b *Year of latest occurrence*

--	--	--	--

 year

42.2a 2. _____

42.2b

--	--	--	--

 year

42.3a 3. _____

42.3b

--	--	--	--

 year

43.0 **Do you have any other chronic or congenital diseases?**

Other than those previously asked for.

For example: autoimmune-, blood-, neurological- or rheumatic diseases.

No

Yes

Don't know

If yes, which disease/diseases?

Report maximum five diseases and indicate the year of diagnosis.

43.1a 1. _____

43.1b *Year of diagnosis*

--	--	--	--

 year

43.2a 2. _____

43.2b

--	--	--	--

 year

43.3a 3. _____

43.3b

--	--	--	--

 year

43.4a 4. _____

43.4b

--	--	--	--

 year

43.5a 5. _____

43.5b

--	--	--	--

 year

QUESTIONS ABOUT HEREDITY AND CANCER

The purpose of the following questions is to identify which of your relatives that have had cancer. Many of the questions might feel difficult to answer since it may have happened a long time ago. However, it is better to give an approximate answer than no answer at all.

When stating a cancer diagnosis, please use the diagnosis codes in the table below.

You can report up to four answers for each order of relatives (first, second and third order relatives). The disposition below is to help you find the correct question for each relative.

DIAGNOSIS CODES:

Nr	Diagnosis
10	Breast cancer
11	Pancreatic cancer
12	Brain tumour
13	Leukemia
14	Liver-/gallbladder cancer
15	Uterine cancer
16	Cervical cancer
17	Lung cancer
18	Lymphoma
19	Gastric cancer
20	Malignant melanoma
21	Esophageal cancer
22	Neuroendocrine cancer
23	Kidney cancer
24	Prostate cancer
25	Colorectal cancer
26	Bladder cancer
27	Ovarian cancer
28	Head-Neck cancer
29	Other cancer
30	Don't know/Can't remember

DISPOSITION:

Your parents	Question
Father	45
Mother	46
First order relatives	
Your biological children	47-50
Your siblings	47-50
Your half-siblings	47-50
Your twin	47-50
Second order relatives	
Your grandparents	51-54
Your grandchildren	51-54
Your parent's siblings	51-54
Your nieces/nephews	51-54
Third order relatives and others	
Your cousins	55-58
Your other relatives	55-58

When you answer the questions below, use the table with diagnosis codes to identify the number that corresponds to the cancer diagnosis.

Please note that only biological kinship is relevant!

HEREDITARY CANCER INVESTIGATION IN YOUR FAMILY

44.0 **Has there been any investigation of hereditary cancer in your family?**

No

Yes (Answer 44.1)

Don't know

44.1a *If yes, what were the findings of the investigation?*

b

Don't know

YOUR PARENTS

45.0 **Have your father had cancer?**

No

Yes (Answer 45.1 och 45.2)

Don't know

45.1 *If yes, what type of cancer?*

Two answers (diagnosis codes) can be reported.

45.1a

Diagnosis 1	

45.1b

Diagnosis 2	

45.1c *If 'Other', what type of cancer ?*

45.2a-f *Birth and death years of your father, and his age at the (latest) diagnosis?*

Year father born

--	--	--	--

 year

b Don't know

Year father deceased

--	--	--	--

 year

45.2c

d Father not deceased

Age at diagnosis

--	--

 age

45.2e

f Don't know

46.0 **Have your mother had cancer?**

No

Yes (Answer 45.1 och 45.2)

Don't know

46.1 *If yes, what type of cancer?*

Two answers (diagnosis codes) can be reported.

46.1a

Diagnosis 1	

46.1b

Diagnosis 2	

46.1c *If 'Other', what type of cancer ?*

46.2 *Birth and death years of your mother, and her age at the (latest) diagnosis?*

Year mother born

--	--	--	--

 year

b Don't know

Year mother deceased

--	--	--	--

 year

46.2c

d Mother not deceased

Age at diagnosis

--	--

 age

46.2e

f Don't know

FIRST ORDER RELATIVES*Only report one relative per section**Children, siblings or half siblings with cancer.***47.0 Kinship person 1** Biological child Paternal half-sibling Identical twin Sibling Maternal half-sibling Fraternal twins**47.1 Sex of person** Man Woman**47.2 The diagnosis/-es of the person***Two answers (diagnosis codes) can be reported.*47.2a *Diagnosis 1*

--	--

47.2b *Diagnosis 2*

--	--

47.2c *If 'Other', what type of cancer ?* _____**47.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?**47.3a *Year person born*

--	--	--	--

 yearb Don't know47.3c *Year person deceased*

--	--	--	--

 yeard Person not deceased47.3e *Age at diagnosis*

--	--

 agef Don't know**48.0 Kinship person 2** Biological child Paternal half-sibling Identical twin Sibling Maternal half-sibling Fraternal twins**48.1 Sex of person** Man Woman**48.2 The diagnosis/-es of the person***Two answers (diagnosis codes) can be reported.*48.2a *Diagnosis 1*

--	--

48.2b *Diagnosis 2*

--	--

48.2c *If 'Other', what type of cancer ?* _____**48.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?**48.3a *Year person born*

--	--	--	--

 yearb Don't know48.3c *Year person deceased*

--	--	--	--

 yeard Person not deceased48.3e *Age at diagnosis*

--	--

 agef Don't know

Continuation, first order relatives**Only report one relative per section***Children, siblings or half siblings with cancer.*49.0 **Kinship person 3** Biological child Paternal half-sibling Identical twin Sibling Maternal half-sibling Fraternal twins49.1 **Sex of person** Man Woman49.2 **The diagnosis/-es of the person***Two answers (diagnosis codes) can be reported.*47.2a *Diagnosis 1*

--	--

47.2b *Diagnosis 2*

--	--

49.2c *If 'Other', what type of cancer ?*

49.3 *Birth and death years of the person, and his/her age at the (latest) diagnosis?*49.3a *Year person born*

--	--	--	--

 yearb Don't know47.3c *Year person deceased*

--	--	--	--

 yeard Person not deceased47.3e *Age at diagnosis*

--	--

 agef Don't know50.0 **Kinship person 4** Biological child Paternal half-sibling Identical twin Sibling Maternal half-sibling Fraternal twins50.1 **Sex of person** Man Woman50.2 **The diagnosis/-es of the person***Two answers (diagnosis codes) can be reported.*47.2a *Diagnosis 1*

--	--

47.2b *Diagnosis 2*

--	--

50.2c *If 'Other', what type of cancer ?*

50.3 *Birth and death years of the person, and his/her age at the (latest) diagnosis?*50.3a *Year person born*

--	--	--	--

 yearb Don't know47.3c *Year person deceased*

--	--	--	--

 yeard Person not deceased47.3e *Age at diagnosis*

--	--

 agef Don't know

SECOND ORDER RELATIVES*Only report one relative per section**Grandparents, parent's siblings, grandchildren and nieces/nephews with cancer.***51.0 Kinship person 1**

- Paternal grandparents Mother's sibling Niece/Nephew
 Maternal grandparents Father's sibling Grandchild

51.1 Sex of person

- Man Woman

51.2 The diagnosis/-es of the person*Two answers (diagnosis codes) can be reported.*

47.2a

--	--

Diagnosis 1 47.2b

--	--

Diagnosis 2

51.2c If 'Other', what type of cancer ?

51.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?

51.3a

--	--	--	--

Year person born year
 47.3c

--	--	--	--

Year person deceased year
 47.3e

--	--

Age at diagnosis age
 b Don't know d Person not deceased f Don't know

52.0 Kinship person 2

- Paternal grandparents Mother's sibling Niece/Nephew
 Maternal grandparents Father's sibling Grandchild

52.1 Sex of person

- Man Woman

52.2 The diagnosis/-es of the person*Two answers (diagnosis codes) can be reported.*

47.2a

--	--

Diagnosis 1 47.2b

--	--

Diagnosis 2

52.2c If 'Other', what type of cancer ?

52.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?

52.3a

--	--	--	--

Year person born year
 47.3c

--	--	--	--

Year person deceased year
 47.3e

--	--

Age at diagnosis age
 b Don't know d Person not deceased f Don't know

Continuation, second order relatives**Only report one relative per section***Grandparents, parent's siblings, grandchildren and nieces/nephews with cancer.***53.0 Kinship person 3**

- Paternal grandparents Mother's sibling Niece/Nephew
 Maternal grandparents Father's sibling Grandchild

53.1 Sex of person

- Man Woman

53.2 The diagnosis/-es of the person*Two answers (diagnosis codes) can be reported.*

Diagnosis 1 *Diagnosis 2*

47.2a

--	--

 47.2b

--	--

53.2c If 'Other', what type of cancer ?

53.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?

53.3a *Year person born*

--	--	--	--

 year
b Don't know

47.3c *Year person deceased*

--	--	--	--

 year
d Person not deceased

47.3e *Age at diagnosis*

--	--

 age
f Don't know

54.0 Kinship person 4

- Paternal grandparents Mother's sibling Niece/Nephew
 Maternal grandparents Father's sibling Grandchild

54.1 Sex of person

- Man Woman

54.2 The diagnosis/-es of the person*Two answers (diagnosis codes) can be reported.*

Diagnosis 1 *Diagnosis 2*

47.2a

--	--

 47.2b

--	--

54.2c If 'Other', what type of cancer ?

54.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?

54.3a *Year person born*

--	--	--	--

 year
b Don't know

47.3c *Year person deceased*

--	--	--	--

 year
d Person not deceased

47.3e *Age at diagnosis*

--	--

 age
f Don't know

THIRD ORDER RELATIVES*Only report one relative per section**Cousins and other relatives***55.0 Kinship person 1**

- Aunt's child (dad) Aunt's child (mum) Other relative, state which:
 Uncle's child (dad) Uncle's child (mum) 55.0a _____

55.1 Sex of person

- Man Woman

55.2 The diagnosis/-es of the person*Two answers (diagnosis codes) can be reported.*

47.2a

--	--

 47.2b

--	--

55.2c If 'Other', what type of cancer ?

55.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?

55.3a

--	--	--	--

 year
 b Don't know

47.3c

--	--	--	--

 year
 d Person not deceased

47.3e

--	--

 age
 f Don't know

56.0 Kinship person 2

- Aunt's child (dad) Aunt's child (mum) Other relative, state which:
 Uncle's child (dad) Uncle's child (mum) 55.0a _____

56.1 Sex of person

- Man Woman

56.2 The diagnosis/-es of the person*Two answers (diagnosis codes) can be reported.*

47.2a

--	--

 47.2b

--	--

56.2c If 'Other', what type of cancer ?

56.3 Birth and death years of the person, and his/her age at the (latest) diagnosis?

56.3a

--	--	--	--

 year
 b Don't know

47.3c

--	--	--	--

 year
 d Person not deceased

47.3e

--	--

 age
 f Don't know

QUESTIONS FOR WOMEN

If you are male you have hereby finished the questionnaire. If you want to leave some additional comments to your answers, go to question 71 on the last page.

MENSTRUATION

- 59.0 **How old were you when you had your first period?** years
- 60.0 **Are you still menstruating?**
 No (Answer 60.2) Yes (Answer 60.1) Don't know
- 60.1 *If yes, are your periods regular?* Yes No
- 60.2 *If no, how old were you when the periods stopped?* years
- 61.0 **How would you characterise your menstrual cycles?**
*Preferrably, base your answer on your cycles between 30-40 years of age.
Disregard periods of pregnancy, breast feeding or when using hormonal contraceptives.*
- Usually 24 days or shorter
- 25-26 days
- 27-29 days
- 30-31 days
- Usually 32 days or longer
- Irregular (length varies/varied between the cycles)
- I did not menstruate between 30-40 years of age
- I don't know the length of my periods
- 62.0 **Has your period ever been absent/lost for at least 6 months?**
Disregard periods of pregnancy, breast feeding or when using hormonal contraceptives.
- No Yes (Answer 62.1) Don't know
- 62.1 *If yes, how old were you when this (last) occurred?* years

QUESTIONS ABOUT HORMONAL CONTRACEPTIVES

These questions are intended for women who use/have been using hormonal contraceptives. For example contraceptive pills, hormonal intrauterine device (IUD), contraceptive shots, etc.

63.0 **Have you used, or are you using, hormonal contraceptives?**

No

Yes (Answer 63.1-63.8)

Don't know

63.1 *How old were you when you first started using hormonal contraceptives?*

		years
--	--	-------

63.2 *If you have stopped using hormonal contraceptives, how old were you when you stopped?*

		years
--	--	-------

63.3-8 *Which hormonal contraceptive method have you been using for more than one y*

With regard to your whole life. Try to estimate for how long you have used each contraceptive. Also report if you are using any hormonal contraceptive today.

Examples of the combined pill are: Neovletta, Yasmin, Yaz, Trinordiol, Cilest, Desolett

Examples of the progestogen-only pill (POP) are: Cerazette, Mini-Pe, Exlutena, Fillostrel

	63.A <u>Number of years using</u>	63.B <u>I use this today</u>			
63.3 Combined contraceptive pill	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
63.4 Progestogen-only pill (POP)	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
63.5 Contraceptive implant	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
63.6 Hormonal intrauterine device	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
63.7 Contraceptive shot	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
63.8 Don't know which type	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			

HORMONAL REPLACEMENT THERAPY AT OR AFTER MENOPAUSE

These questions are intended for women who are close to menopause or whose menstruation have ceased, and who, in connection to menopause or after, have received some kind of hormonal replacement therapy (from now referred to as oestrogen therapy).

64.0 **Have you received oestrogen therapy at or after menopause?**

No

Yes (Answer 64.1-64.9)

Don't know

64.1 *How old were you when you started oestrogen therapy?*

		years
--	--	-------

64.2 *If you have stopped using oestrogen therapy, how old were you when you stopped?*

		years
--	--	-------

64.3-9 *What type/which types of oestrogen therapy are you using, or have been using, for at least one year?*

With regard to your whole life. Try to estimate how long you have been using each type. Also indicate if you are using oestrogen therapy today.

	64.A <u>Number of years using</u>	64.B <u>I use this today</u>			
64.3 <i>Pill/skin patch, removing period</i> (For example Activelle, Kliogest, Indivina, Femanor).	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
64.4 <i>Pill/skin patch, maintaining monthly period</i> (For example Trisekvens, Femasekvens).	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
64.5 <i>Pill with period every third month</i> (Trivina)	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
64.6 <i>Pill/skin patch/gel or intrauterine device</i> (For example Femanest, Progynon, Divigel).	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
64.7 <i>Pill/skin patch/gel because of removed uterus</i> (For example Femanest, Progynon, Divigel).	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
64.8 <i>Local oestrogen therapy</i> (For example Vagifem, Ovesterin, Oestriol)	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			
64.9 <i>Don't know which type of therapy</i>	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td>years</td> </tr> </table>			years	<input type="checkbox"/>
		years			

QUESTIONS ABOUT PREGNANCY

65.0 **Have you ever been pregnant?**

No (Answer 65.1)

Yes

Don't know

65.1 *If no, have you ever tried to get pregnant?*

No

Yes

66.0 **Have you ever contacted a doctor because of difficulties getting pregnant?**

No (Go to 67.0)

Yes (Answer 66.1)

Don't know

66.1 *If yes, have you received any treatment to stimulate pregnancy?*

No

Yes (Answer 66.2-66.5)

66.2a-c *If yes, what type/types of treatment did you undergo to stimulate pregnancy?*

a Treatment with pills to stimulate ovulation (for example Pergotime, Clomifen).

b Hormone injections to stimulate ovulation (for example Gonal-F, Puregon).

c In vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI).

66.3-5 *How many of these treatment cycles did you undergo?*

66.3 **Treatment cycles with pills**

cycles

66.4 **Treatment cycles with injections**

cycles

66.5 **IVF or ICSI cycles**

cycles

Do not include cycles when no treatment was given, for example embryo transfer.

67.0 **Have you been investigated or treated for ovarian cysts/changes?**

No

Yes

Don't know

68.0 **Has a doctor diagnosed you with endometriosis?**

No

Yes

Don't know

69.0a-f **Have you surgically removed ovaries, oviduct or uterus?**

Multiple choices possible.

- a No c Yes one ovary e Yes, the oviduct
 b Yes, uterus d Yes, both ovaries f Yes, both oviducts

69.1 *If yes, how old were you at the time of the (last) surgery?* years

70.1-10 **Your pregnancies**

If you have been pregnant (even if the pregnancy ended in a miscarriage, an abortion or a stillborn) indicate how old you were at conception. Also report how many babies you gave birth to at each pregnancy and for how many months you were breastfeeding.

	70.A	70.B	70.C	70.D	70.E	70.F
Pregnancy number	Your age at conception	Number of babies born alive	Breastfeeding (months)	Abortion	Miscarraige	Stillborn
70.01 1	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.02 2	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.03 3	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.04 4	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.05 5	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.06 6	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.07 7	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.08 8	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.09 9	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.10 10	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPTION TO LEAVE ADDITIONAL COMMENTS

71.1 **Comment #1**

State the number of the question you want to comment on and write your comment.

71.2 **Comment #2**

State the number of the question you want to comment on and write your comment.

71.3 **Comment #3**

State the number of the question you want to comment on and write your comment.

71.4 **Comment #4**

State the number of the question you want to comment on and write your comment.

71.5 **Comment #5**

State the number of the question you want to comment on and write your comment.
