
FORM:	32 - FAMILY HISTORY QUESTIONNAIRE
Version:	3 - June 1, 1995
Description:	Self-administered; 12-page booklet; data entered at Clinical Center (CC).
When used:	Give to participant during screening to be completed at home and brought back by Screening Visit 3 (SV3) or have completed in CC by SV3.
Purpose:	To collect medical history information on the participant's family members before randomization.

GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 32*) and Spanish (*Form 32S*). The English version is in mark-sense format and the Spanish version is in a key-entry format.

For both forms, follow the instructions on the front of the form for marking the answers.

2. Place the participant's barcode label on the front page of the questionnaire and give to the participant during screening to take home, or have her complete in-person in groups or individually by SV3. The form must be completed and an encounter created before randomization at SV3.
3. In appointment reminder (letter or phone call), remind the participant to bring the completed questionnaire to SV3 (if given to her to fill out at home).
4. Review the form for completeness. If one or more pages are not completed, return to the woman to complete. If the participant is adopted, she may not be able to answer questions about her birth family.
5. Forward the form to Data Entry.
6. Data Entry: Review the form for completeness. Scan the English version of the form; key-enter the Spanish version. Initial the first page of the questionnaire after data entry.

Note: You must create an encounter for this form in the Encounter screen before you can randomize the participant into Dietary Modification (DM) or Hormone Replacement Therapy (HRT).

7. File in the participant's file.

Item Instructions

Date received	Date the CC receives the completed form.
Reviewed by	Standard 3-digit number WHI employee ID.
Contact type	Mark appropriate oval or box. (See common data items.)
Visit type	Contact at which the CC received the form. If received between visits, use most recent past visit. Use Screening Visit 0 (SV0) if received before Screening Visit 1 (SV1). Mark appropriate oval or box for visit type and number. (See common data items.)
Form administration	Method used to administer form to participant: 1 - Self: Participant completed form by herself. 2 - Group: Participant completed the form with a group of other participants. 3 - Interview: CC staff person completed <u>entire</u> form as interview. 4 - Assistance: Participant needed partial assistance from CC staff or others to complete the form.
1. Full-blooded sisters	No/Yes/Don't know.
1.1. Number of sisters	The category that best corresponds with the number of sisters who reached adulthood. (Include all full-blooded sisters living or deceased who lived up to or past age 21.)
2. Full-blooded brothers	No/Yes/Don't know.
2.1. Number of brothers	The category that best corresponds with the number of brothers who reached adulthood. (Include all full-blooded brothers living or deceased who lived up to or past age 21.)
3. Daughters reached adulthood	No/Yes/Don't know.
3.1. Number of daughters	The category that best corresponds with the number of daughters who reached adulthood. (Include all full-blooded daughters living or deceased who lived up to or past age 21.)
4. Sons reached adulthood	No/Yes/Don't know.
4.1. Number of sons	The category that best corresponds with the number of sons who reached adulthood. (Include all full-blooded sons living or deceased who lived up to or past age 21.)
5. Mother alive	No/Yes/Don't know.
5.1. Mother's age at death	The category that best corresponds with mother's age at death.
5.2. Mother's current age	The category that best corresponds with mother's current age.
6. Father alive	No/Yes/Don't know.

- 6.1. Father's age at death The category that best corresponds with father's age at death.
- 6.2. Father's current age The category that best corresponds with father's current age.
7. Diabetes in mother, father, sisters, brothers, daughters, or sons No/Yes/Don't know. Mark "1 - Yes" if relative(s) had diabetes mellitus. Mark "0 - No" if relative(s) did not have diabetes or had hypoglycemia or low blood sugar.
- 7.1. Number of relatives with diabetes The category that best corresponds with the number of relatives who had diabetes mellitus.
8. Heart attack in mother, father, sisters, brothers, daughters, or sons No/Yes/Don't know. Mark "1 - Yes" if participant's relative(s) had a heart attack, MI, or "coronary." Mark "0 - No" if relative(s) had no heart attacks or only angina or sudden cardiac arrest without a heart attack.
- 8.1. Which relative(s) had heart attack Relative(s) who had heart attack and relative's ages when heart attack occurred. Mark for each relative (unless participant did not have that type of relative). We ask the participant to answer to each question to be sure she has not skipped the question. If the participant did not have that type of relative, she can leave the line blank. If she did have that type of relative, at least one line for that type should be marked No/Yes (age)/Don't know. For example, if her mother had a heart attack but she had two sisters who did not have heart attacks, she should still mark "No" for at least one sister in Question 8.1. If the relative did have a heart attack, mark the age at which this relative's first heart attack occurred.
9. Stroke in mother, father, sisters, brothers, daughters, or sons No/Yes/Don't know. Mark "1 - Yes" if participant's relative(s) had a stroke or cerebrovascular accident (CVA). Mark "0 - No" if relative(s) had no strokes or only a transient ischemic attack (TIA) or reversible stroke.
- 9.1. How many relative(s) had stroke The category that best corresponds to the number of relatives who had a stroke.
10. Cancer in female relatives No/Yes/Don't know. Mark "1 - Yes" if any participant's female relative(s) listed had any type of cancer.
11. Breast cancer in mothers, sisters, daughters, or grandmothers No/Yes/Don't know. Mark "1 - Yes" if any of the participant's female relative(s) listed had breast as a primary site for cancer.
- 11.1. Which relative(s) had breast cancer Relative(s) who had breast cancer and relative's age when breast cancer first occurred. Mark for each relative listed (unless participant did not have that type of relative). (See directions for marking in Question 8.1.) If the relative had breast cancer, mark the age at which this relative's first breast cancer was diagnosed.
12. Colon, rectum, intestine, or bowel cancer in mother, sisters, or daughters No/Yes/Don't know. Mark "1 - Yes" if a female relative's colon, rectum, intestine, or bowel was a primary site for cancer. If relative(s) had abdominal surgery but participant is not sure if it was for bowel cancer, mark "0 - No."
- 12.1. Which relative(s) had bowel cancer Relative(s) who had bowel cancer and relative's age when bowel cancer first occurred. Mark for each relative listed (unless participant did not have that type of relative). (See the directions for marking in Question 8.1.) If the relative(s) had bowel cancer, mark the category that best corresponds to relative's age when the cancer first occurred.

13. Cancer of cervix in mother, sisters, or daughters No/Yes/Don't know. Mark "1 - Yes" if a relative's cervix was a primary site for cancer. If relative(s) had "female surgery," but participant is not sure if it was for cervical cancer, mark "9 - Don't know."
- 13.1. Number of relatives with cancer of cervix The category that best corresponds to the number of female relatives who had cancer of the cervix.
14. Cancer of endometrium in mother, sisters, or daughters No/Yes/Don't know. Mark "1 - Yes" if a relative's uterus or endometrium was a primary site for cancer. If relative(s) had "female surgery," but participant is not sure if it was for uterine or endometrial cancer, mark "9 - Don't know."
- 14.1. Number of relatives with cancer of uterus or endometrium The category that best corresponds to the number of female relatives who had endometrial cancer.
15. Cancer of the ovaries in mother, sisters, or daughters No/Yes/Don't know. Mark "1 - Yes" if a relative's ovaries were a primary site for cancer. If relative(s) had "female surgery," but participant is not sure if it was for ovarian cancer, mark "9 - Don't know."
- 15.1. Number of relatives with cancer of the ovaries The category that best corresponds to the number of female relatives who had ovarian cancer.
16. Cancer in male relatives No/Yes/Don't know. Mark "1 - Yes" if participant's male relative(s) ever had any type of cancer.
17. Colon, rectum, intestine, or bowel cancer in father, brothers, or sons No/Yes/Don't know. Mark "1 - Yes" if a male relative's colon, rectum, intestine, or bowel was a primary site for cancer. If relative(s) had abdominal surgery, but participant is not sure if it was for bowel cancer, mark "0 - No."
- 17.1. Which relative(s) had bowel cancer Relative(s) who had bowel cancer and relative's age when bowel cancer first occurred. Mark for each relative listed (unless participant did not have that type of relative). (See the directions for marking in Question 8.1.) If the relative(s) had bowel cancer, mark the category that best corresponds to relative's age when the cancer first occurred.
18. Cancer of prostate in father, brothers, or sons No/Yes/Don't know. Mark "1 - Yes" if a relative's prostate gland was a primary site for cancer. If relative(s) had gastrointestinal surgery or genitourinary surgery, but participant isn't sure if it was for prostate cancer, mark "9 - Don't know."
- 18.1. Number of relatives with cancer of prostate Mark the category that best corresponds to the number of male relatives who had cancer of the prostate (or mark "9 - Don't know").
19. Fracture(s) in mother after age 40 No/Yes/Don't know. Mark "1 - Yes" even if participant isn't sure which bone was broken or exact age (but her best guess is that mother was over 40).
- 19.1. Location of fracture(s) in mother Mark No/Yes (age)/Don't know for each type of bone listed. If the mother broke a bone, mark the category that best corresponds to the age each type of bone was first broken (or mark "9 - Don't know").
- If "5 - Other" is marked, specify the bone.
- Data Entry: Do not key-enter the specify text.

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20. Fracture(s) in father after age 40 No/Yes/Don't know. Mark "1 - Yes" even if participant isn't sure which bone was broken or exact age (but her best guess is that father was over 40).
- 20.1. Location of fracture(s) in father Mark No/Yes (age)/Don't know for each type of bone listed. If the father did break a bone, mark the category that corresponds to the age each type of bone was first broken (or mark "9 - Don't know").
- If "5 - Other" is marked, specify the bone.
- Data Entry: Do not key-enter the specify text.
21. Date Date the participant completed this form.
- Comments Data Entry: Do not key-enter comments.
- Language Data Entry: English or Spanish version of the form. (See common data items.)