

EDITORIAL NOTE: Section III asks for a detailed history of SUBJECT's relatives on his/her mother's side. It is to be filled out by SUBJECT's mother, if possible.

SECTION III. MOTHER'S MODULE

SUBJECT ID: M-|_|_|_|_|

ASK M1 AND M2 OF MOTHER ONLY.

IF MOTHER IS NOT AVAILABLE, ASK ALTERNATE QUESTIONS M1, M2, and M3 OF RESPONDENT.

I have some questions about your pregnancies and menstrual periods.

IF MOTHER IS NOT AVAILABLE, ASK RESPONDENT.

Alt. M1. Is (NAME)'s mother still living?

YES 1 (M3)
NO 2

Alt. M2. What was her year of death? How old was she?

|_|_|_|_|
YEAR

|_|_|
AGE

Alt. M3. What was her cause of death? SHOW CARD L ON PAGE 22.

|_|_| _____

GO TO M3

M1. At what age did you have your first menstrual period?

|_|_|
AGE

M2. How many times have you been pregnant, including livebirths, stillbirths, miscarriages, abortions, and tubal or other ectopic pregnancies?

|_|_|
TIMES

Now I have some questions about (NAME)'s parents and grandparents. Let's start with you.

M3. What was your date of birth?

 |_|_| |_|_| 19 |_|_|
 MONTH DAY YEAR

M4. Are you related by blood to (NAME)'s father?

YES 1
NO 2

M5. In what country were you born?

M6. Were you born with any abnormal conditions or birth defects?

YES 1
NO 2 (M8)
DON'T KNOW 9 (M8)

M7. IF YES, SPECIFY UP TO 3.

|_|_| _____
|_|_| _____
|_|_| _____

M8. Did you ever have cancer?

YES 1
NO 2 (M11)
DON'T KNOW 9 (M11)

M9. What kind of cancer was it? SHOW CARD J
ON PAGE 22.

1. |_|_| _____
2. |_|_| _____

M10. At what age was the (first/next) cancer diagnosed?

1. |_|_|
AGE IN YRS

2. |_|_|
AGE IN YRS

M11. Did you ever have a benign tumor? SHOW CARD K ON PAGE 22.

YES 1
NO 2 (M15)
DON'T KNOW 9 (M15)

M12. SHOW CARD K ON PAGE 22. Please tell me what kind it was.

|_|_| _____

M13. How old were you when it was diagnosed?

|_|_|
AGE IN YRS

M14. How was the benign tumor treated? Was it treated by surgery or by observation only?

Observation 1
Surgery 2

M15. What is your main occupation? _____

M16. How many years of school did you complete?

|_|_|

M17. Are you adopted?

YES 1
NO 2 (M18)

M17a. Do you know the family history of your biological parents or siblings?

YES 1
NO 2 (ASK QUESTIONS
M18-M26 AND GO TO
THE NEXT SECTION)

MOTHER'S PREGNANCY HISTORY

INSTRUCTIONS: Now I have some questions about all the pregnancies you had. Starting with the first, which pregnancy was (NAME)? Put NAME at top of appropriate column.

| | 1ST PREG. _____ | 2ND PREG. _____ | 3RD PREG. _____ | 4TH PREG. _____ |
|--|---------------------|---------------------|---------------------|---------------------|
| M18. How old were you when the first/next pregnancy began? | _ _ AGE | _ _ AGE | _ _ AGE | _ _ AGE |
| M19. How old was the father when this pregnancy began? | _ _ AGE | _ _ AGE | _ _ AGE | _ _ AGE |
| M20. How many weeks did the pregnancy last? | _ _ WKS | _ _ WKS | _ _ WKS | _ _ WKS |
| M21. In what month and year did this pregnancy end? | _ _ _ _ MO YR | _ _ _ _ MO YR | _ _ _ _ MO YR | _ _ _ _ MO YR |
| M22. Looking at SHOW CARD C, tell me what was the outcome of this pregnancy? (CODE UP TO 3 OUTCOMES FOR MULTIPLE BIRTHS) | 1st _ | _ | _ | _ |
| | 2nd _ | _ | _ | _ |
| | 3rd _ | _ | _ | _ |
| LIVE FULL TERM..... |1 |1 |1 |1 |
| LIVE PREMATURE |2 |2 |2 |2 |
| STILLBIRTH (AFTER 28 WKS.)..... |3 |3 |3 |3 |
| MISCARRIAGE (BEFORE 28 WKS.).. |4 |4 |4 |4 |
| ABORTION..... |5 |5 |5 |5 |
| ECTOPIC PREGNANCY..... |6 |6 |6 |6 |
| BABY WHO DIED SHORTLY AFTER BIRTH..... |7 |7 |7 |7 |
| UNKNOWN |9 |9 |9 |9 |
| M23. Was the father the same as (NAME)'s father? (SKIP IN NAME'S COLUMN) | | | | |
| YES |1 |1 |1 |1 |
| NO..... |2 |2 |2 |2 |
| M24. During this pregnancy, did you have any conditions listed on this card? SHOW CARD D | | | | |
| NONE |00 |00 |00 |00 |
| GERMAN MEASLES..... |01 |01 |01 |01 |
| HIGH BLOOD PRESSURE |02 |02 |02 |02 |
| TOXEMIA |03 |03 |03 |03 |
| HERPES..... |04 |04 |04 |04 |
| TOXOPLASMOSIS..... |05 |05 |05 |05 |
| DIABETES..... |06 |06 |06 |06 |
| OTHER (SPECIFY) |07 |07 |07 |07 |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

| 5TH PREG. | 6TH PREG. | 7TH PREG. |
|--|--|--|
| _____ _ _ AGE | _____ _ _ AGE | _____ _ _ AGE |
| _____ _ _ AGE | _____ _ _ AGE | _____ _ _ AGE |
| _____ _ _ WKS | _____ _ _ WKS | _____ _ _ WKS |
| _ _ _ _ MO YR | _ _ _ _ MO YR | _ _ _ _ MO YR |
| _ _ _ 1 2 3 4 5 6 7 9 | _ _ _ 1 2 3 4 5 6 7 9 | _ _ _ 1 2 3 4 5 6 7 9 |
| 1 2 | 1 2 | 1 2 |
| 00 01 02 03 04 05 06 07 _____ _____ | 00 01 02 03 04 05 06 07 _____ _____ | 00 01 02 03 04 05 06 07 _____ _____ |

| | 1ST PREG. | 2ND PREG. | 3RD PREG. | 4TH PREG. |
|---|-----------|-----------|-----------|-----------|
| M25. Which of the following did you take during this pregnancy? SHOW CARDE | | | | |
| MULTIVITAMIN WITH FOLIC ACID |01 | 01 |01 | 01 |
| MULTIVITAMIN WITHOUT FOLIC ACID..... |02 | 02 |02 | 02 |
| MULTIVITAMIN, DON'T KNOW IF HAD FOLIC ACID..... |03 | 03 |03 | 03 |
| FOLIC ACID |04 | 04 |04 | 04 |
| IRON/ANEMIA MEDICATION |05 | 05 |05 | 05 |
| OTHER (SPECIFY) |06 | 06 |06 | 06 |
| NONE |00 | 00 |00 | 00 |
| M26. Looking at SHOW CARD F, please tell me all the numbers of the statements that describe your behaviors during this pregnancy. SHOW CARD F | | | | |
| SMOKED ON AVERAGE MORE THAN 5 CIGARETTES/DAY..... |01 | 01 |01 | 01 |
| DRANK MORE THAN 2 BEERS/ DRINKS PER DAY ON AVERAGE.... |02 | 02 |02 | 02 |
| USED MARIJUANA AT LEAST ONCE DURING THE PREGNANCY..... |03 | 03 |03 | 03 |
| DID NONE OF THE ABOVE |04 | 04 |04 | 04 |
| DON'T KNOW |99 | 99 |99 | 99 |

| 5TH PREG. | 6TH PREG. | 7TH PREG. |
|-----------|-----------|-----------|
| 01 | 01 |01 |
| 02 | 02 |02 |
| 03 | 03 |03 |
| 04 | 04 |04 |
| 05 | 05 |05 |
| 06 | 06 |06 |
| | | |
| | | |
| 01 | 01 |01 |
| 02 | 02 |02 |
| 03 | 03 |03 |
| 04 | 04 |04 |
| 99 | 99 |99 |

MATERNAL GRANDPARENTS OF (NAME)

I am now going to ask you about (NAME)'s grandparents. We'll start with your father.

| | A: MOTHER'S FATHER _____ | B: MOTHER'S MOTHER _____ |
|--|---|--|
| M27. What was your father's/mother's year of birth? | _ _ _ _ YEAR | _ _ _ _ YEAR |
| M28. Is/was (RELATIVE) related by blood to his/her spouse/partner? YES NO DON'T KNOW IF RELATED, SPECIFY HOW _____ |129 _____ | 1 2 9 _____ |
| M29. What is/was (RELATIVE)'s race? SHOW CARD A WHITE, NOT OF HISPANIC ORIGIN..... BLACK, NOT OF HISPANIC ORIGIN..... ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE HISPANIC |0102030405 | 01 02 03 04 05 |
| M30. In what country was (RELATIVE) born? IF USA, ASK: What country did his/her people come from before they came to the US? _____ | _____ | _____ |
| M31. Was (RELATIVE) born with any birth defects or other abnormal conditions? YES NO DON'T KNOW |12 (M33)9 (M33) | 1 2 (M33) 9 (M33) |
| M32. IF YES, SPECIFY UP TO 3. _ _ _____ _ _ _____ _ _ _____ | _____ | _____ |
| M33. Did (RELATIVE) ever have cancer? YES NO DON'T KNOW |12 (M36)9 (M36) | 1 2 (M36) 9 (M36) |

| | A: MOTHER'S FATHER _____ | B: MOTHER'S MOTHER _____ |
|--|--|---|
| M34. If yes, what type of cancer was it? SHOW CARD J ON PAGE 22. | _ _ _____ _ _ _____ _ _ _____ | _ _ _____ _ _ _____ _ _ _____ |
| M35. At what age was (RELATIVE) diagnosed with cancer? CODE AGE OR 99 = DON'T KNOW. | _ _ AGE IN YRS | _ _ AGE IN YRS |
| M36. Did (RELATIVE) ever have a benign tumor? SHOW CARD K ON PAGE 22. YES NO DON'T KNOW |12 (M40)9 (M40) | 1 2 (M40) 9 (M40) |
| M37. SHOW CARD K ON PAGE 22. Please tell me what kind it was. | _ _ _____ _____ | _ _ _____ _____ |
| M38. How old was relative in years when it was diagnosed? | _ _ AGE IN YRS | _ _ AGE IN YRS |
| M39. How was the benign tumor treated? Was it treated by surgery or observation only? Observation Surgery..... |12 | 1 2 |
| M40. Is he/she still living? YES NO DON'T KNOW |1 (M43)29 (M43) | 1 (M43) 2 9 (M43) |
| M41. What was his/her year of death and how old was he/she? | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |
| M42. What was (RELATIVE)'s cause of death? SHOW CARD L ON PAGE 22. | _ _ _____ _____ | _ _ _____ _____ |
| M43. What is/was (RELATIVE)'s main occupation? | _____ _____ | _____ _____ |
| M44. How many years of school did (RELATIVE) complete? | _____ | _____ |

M45. Thinking about all the possible pregnancy outcomes, how many pregnancies did your mother have.

|_|_|
NUMBER

Did any of your mother's pregnancies end in:

Premature live birth? Yes 1 → How many? _____
No..... 2

Stillbirth at or after 28 weeks? Yes 1 → How many? _____
No..... 2

Miscarriage before 28 weeks? Yes 1 → How many? _____
No..... 2

M46. Were there any birth defects or other abnormal conditions associated with any of your mother's pregnancies?

Yes 1
No..... 2 (M48)

M47. Calling the first pregnancy number 1, the next number 2, etc., please tell me the pregnancy number and condition or defect.

PREGNANCY NUMBER |_| CONDITION |_|_| _____
PREGNANCY NUMBER |_| CONDITION |_|_| _____
PREGNANCY NUMBER |_| CONDITION |_|_| _____
PREGNANCY NUMBER |_| CONDITION |_|_| _____

M48. Was your father the father of this/all these pregnancy(ies)?

Yes 1
No..... 2 (SPECIFY PREG[S]. NOT HIS)
|_|_| |_|_|

M49. How many siblings does/did your mother have (include living and deceased)?

|_|_|
NUMBER (IF NONE, M63)

M50. Do/did any of her siblings have any birth defects or other abnormal conditions?

Yes 1
No..... 2 (M52)

M51. Calling the oldest sibling number 1, the next number 2, etc., please tell me the sibling number, sex, and the condition or defect.

SIBLING NUMBER |_| M F CONDITION |_|_| _____
SIBLING NUMBER |_| M F CONDITION |_|_| _____
SIBLING NUMBER |_| M F CONDITION |_|_| _____
SIBLING NUMBER |_| M F CONDITION |_|_| _____

M52. Did any of your mother's siblings have cancer?

Yes 1
No..... 2 (M63)

M53. Which sibling?

|_|_| Male or Female? M F
NUMBER
(Birth Order)

M54. What type of cancer?
SHOW CARD J ON PAGE 22.

|_|_| _____

M55. What year was it diagnosed?

|_|_|_|_|
YEAR

M55a. How old was he/she?

|_|_|
AGE

M56. Is the sibling still living?

Yes 1
No..... 2

M57. Did any other of your mother's siblings have cancer?

Yes 1
No..... 2 (M63)

M58. Which sibling? |_|_| Male or Female? M F
 NUMBER
 (Birth Order)

M59. What type of cancer? |_|_| _____
 SHOW CARD J ON PAGE 22.

M60. What year was it diagnosed? |_|_|_|_|
 YEAR

M60a. How old was he/she? |_|_|
 AGE

M61. Is the sibling still living?
 Yes 1
 No..... 2

M63. How many siblings does/did your father have (include living and deceased)?

 |_|_|
 NUMBER (IF NONE, M78)

M64. Do/did any of his siblings have any birth defects or other abnormal conditions?

 Yes 1
 No..... 2 (M66)

M65. Calling the oldest sibling number 1, the next number 2, etc., please tell me the sibling number, sex, and the condition or defect.

| | | | | | |
|----------------|---|---|---|-----------|------------|
| SIBLING NUMBER | _ | M | F | CONDITION | _ _ _____ |
| SIBLING NUMBER | _ | M | F | CONDITION | _ _ _____ |
| SIBLING NUMBER | _ | M | F | CONDITION | _ _ _____ |
| SIBLING NUMBER | _ | M | F | CONDITION | _ _ _____ |

M66. Did any of your father's siblings have cancer?

 Yes 1
 No..... 2 (M78)

M67. Which sibling? |_|_| Male or Female? M F
 NUMBER
 (Birth Order)

M68. What type of cancer? _____
SHOW CARD J ON PAGE 22.

M69. What year was it diagnosed?
YEAR

M69a. How old was he/she?
AGE

M70. Is the sibling still living?
Yes 1
No..... 2

M71. Did any other of your father's siblings have cancer?
Yes 1
No..... 2 (M78)

M72. Which sibling? Male or Female? M F
NUMBER
(Birth Order)

M73. What type of cancer?
SHOW CARD J ON PAGE 22. NUMBER

M74. What year was it diagnosed?
YEAR

M75. How old was he/she?
AGE

M76. Is the sibling still living?
Yes 1
No..... 2

| Please tell me the first names of all your siblings, going in birth order from oldest to youngest. | 1 st (Oldest) Sibling _____ | 2 nd Sibling _____ | 3 rd Sibling _____ | 4 th Sibling _____ |
|---|---|---|---|---|
| M89. Did (SIBLING) ever have a benign tumor? SHOW CARD K ON PAGE 22. YES1 NO2 (M93) DON'T KNOW9 (M93) | | | | |
| M90. Looking at SHOW CARD K, please tell me what kind of tumor it was. Adenomas colorectal1 Ovarian fibroma2 Cardiac fibroma3 Jaw cysts4 Meningioma5 Other (SPECIFY)6 _____ _____ | | | | |
| M91. How old was (SIBLING) when the benign tumor was diagnosed? | <input type="text"/> <input type="text"/> AGE | <input type="text"/> <input type="text"/> AGE | <input type="text"/> <input type="text"/> AGE | <input type="text"/> <input type="text"/> AGE |
| M92. How was the benign tumor treated? Was it treated with surgery or observation only? OBSERVATION1 SURGERY2 | | | | |
| M93. How many pregnancies did (SIBLING) parent? CODE "99" IF NOT KNOWN. | <input type="text"/> <input type="text"/> NONE = 00 (NEXT SIB) | <input type="text"/> <input type="text"/> NONE = 00 (NEXT SIB) | <input type="text"/> <input type="text"/> NONE = 00 (NEXT SIB) | <input type="text"/> <input type="text"/> NONE = 00 (NEXT SIB) |
| M94. Did (SIBLING) (or partner) have any miscarriages (before 28 weeks)? Please specify number. | <input type="text"/> NONE = 0 DK = 9 | <input type="text"/> NONE = 0 DK = 9 | <input type="text"/> NONE = 0 DK = 9 | <input type="text"/> NONE = 0 DK = 9 |
| M95. How many live births did (SIBLING) have? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| M96. Is (SIBLING) living? Yes1 (NEXT SIBLING) No2 DON'T KNOW9 | | | | |
| M97. What was the year of death and (SIBLING)'s age at death? | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> AGE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> AGE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> AGE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> AGE |
| M98. What was the cause of death? SHOW CARD L ON PAGE 22. <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

FIRST COUSINS ON MOTHER'S SIDE

Now I would like to ask some questions about the health of (NAME)'s first cousins on the mother's side. First, please give me the first name of each of your siblings who parented a child, starting with the oldest. FILL IN SIBLING'S NAME ABOVE CHILD COLUMNS IN EACH 'FIRST COUSIN' BOX, STARTING WITH OLDEST. IF NONE, GO TO M143.

Now going to your oldest sibling (NAME OF SIB1), please tell me the first name of each first cousin, that is every child born to (SIBLING 1). FILL IN NAME UNDER CHILD 1, 2, ETC. IN EACH COLUMN IN FIRST COUSIN BOX. GO TO THE NEXT PAGE FOR CHILDREN OF SIBLING 2.

Now we will start with (CHILD 1), the first child of (SIBLING NAME).

| 'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLING 1 | SIBLING 1 NAME | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
| Please tell me the first name of each cousin - Every child born to (SIBLING 1) | _____ | _____ | _____ | _____ |
| M99. (CHILD) Is that a boy or a girl? | | | | |
| Male.....1 |1 |1 |1 |1 |
| Female.....2 |2 |2 |2 |2 |
| M100. And the year of birth? | _ _ _ _ YEAR | _ _ _ _ YEAR | _ _ _ _ YEAR | _ _ _ _ YEAR |
| M101. Did (COUSIN) have any birth defects or other abnormal conditions? | | | | |
| Yes |1 |1 |1 |1 |
| No |2 (M104) |2 (M104) |2 (M104) |2 (M104) |
| M102. SPECIFY 1ST BIRTH DEFECT. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M103. SPECIFY 2ND BIRTH DEFECT. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M104. Did (COUSIN) ever have cancer? | | | | |
| Yes |1 |1 |1 |1 |
| No |2 (M107) |2 (M107) |2 (M107) |2 (M107) |
| M105. What type of cancer? SHOW CARD J ON PAGE 22. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M106. What year was it diagnosed, and how old was he/she? | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |
| M107. Is (COUSIN) living? | | | | |
| Yes |1 (NEXT CHILD) |1 (NEXT CHILD) |1 (NEXT CHILD) |1 (M110) |
| No |2 |2 |2 |2 |
| M108. What was the cause of death? SHOW CARD L ON PAGE 22. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M109. What was the year of death, and how old was he/she? | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |
| GO TO NEXT CHILD OR M110 | | | | |

| 'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLING 2 | SIBLING 2 NAME | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
| M110. Please tell me the first name of each cousin -- every child born to (SIBLING 2). (CHILD) Is that a boy or a girl? Male.....1 Female.....2 | _____ 12 | _____ 12 | _____ 12 | _____ 12 |
| M111. And the year of birth? | _ _ _ _ YEAR | _ _ _ _ YEAR | _ _ _ _ YEAR | _ _ _ _ YEAR |
| M112. Did (COUSIN) have any birth defects or other abnormal conditions? Yes1 No2 (M115) |12 (M115) |12 (M115) |12 (M115) |12 (M115) |
| M113. SPECIFY 1ST BIRTH DEFECT. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M114. SPECIFY 2ND BIRTH DEFECT. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M115. Did (COUSIN) ever have cancer? Yes1 No2 (M118) |12 (M118) |12 (M118) |12 (M118) |12 (M118) |
| M116. What type of cancer? SHOW CARD J ON PAGE 22. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M117. What year was it diagnosed, and how old was he/she? | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |
| M118. Is (COUSIN) living? Yes1 (NEXT CHILD) No2 |1 (NEXT CHILD)2 |1 (NEXT CHILD)2 |1 (NEXT CHILD)2 |1 (M121)2 |
| M119. What was the cause of death? SHOW CARD L ON PAGE 22. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M120. What was the year of death, and how old was he/she? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> GO TO NEXT CHILD OR M121 </div> | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |

| 'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLING 3 | SIBLING 3 NAME | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
| M121. Please tell me the first name of each cousin -- every child born to (SIBLING 3). (CHILD) Is that a boy or a girl? Male.....1 Female.....2 | _____ 12 | _____ 12 | _____ 12 | _____ 12 |
| M122. And the year of birth? | _ _ _ _ YEAR | _ _ _ _ YEAR | _ _ _ _ YEAR | _ _ _ _ YEAR |
| M123. Did (COUSIN) have any birth defects or other abnormal conditions? Yes1 No2 (M126) |12 (M126) |12 (M126) |12 (M126) |12 (M126) |
| M124. SPECIFY 1ST BIRTH DEFECT. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M125. SPECIFY 2ND BIRTH DEFECT. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M126. Did (COUSIN) ever have cancer? Yes1 No2 (M129) |12 (M129) |12 (M129) |12 (M129) |12 (M129) |
| M127. What type of cancer? SHOW CARD J ON PAGE 22. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M128. What year was it diagnosed, and how old was he/she? | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |
| M129. Is (COUSIN) living? Yes1 (NEXT CHILD) No2 |1 (NEXT CHILD)2 |1 (NEXT CHILD)2 |1 (NEXT CHILD)2 |1 (M132)2 |
| M130. What was the cause of death? SHOW CARD L ON PAGE 22. | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ | _ _ _ _____ _____ |
| M131. What was the year of death, and how old was he/she? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> GO TO NEXT CHILD OR M132 </div> | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |

| 'FIRST COUSINS' -- CHILDREN OF (MOTHER)'S SIBLING 4 | SIBLING 4 NAME | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| M132. Please tell me the first name of each cousin -- every child born to (SIBLING 4). (CHILD) Is that a boy or a girl? Male.....1 Female.....2 | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
| M133. And the year of birth? [CODE AS YYYY] | _ _ _ YEAR | _ _ _ YEAR | _ _ _ YEAR | _ _ _ YEAR |
| M134. Did (COUSIN) have any birth defects or other abnormal conditions? Yes1 No2 (M137) |12 (M137) |12 (M137) |12 (M137) |12 (M137) |
| M135. SPECIFY 1ST BIRTH DEFECT. | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ |
| M136. SPECIFY 2ND BIRTH DEFECT. | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ |
| M137. Did (COUSIN) ever have cancer? Yes1 No2 (M140) |12 (M140) |12 (M140) |12 (M140) |12 (M140) |
| M138. What type of cancer? SHOW CARD J ON PAGE 22. | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ |
| M139. What year was it diagnosed, and how old was he/she? | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |
| M140. Is (COUSIN) living? Yes1 (NEXT CHILD) No2 |1 (NEXT CHILD)2 |1 (NEXT CHILD)2 |1 (NEXT CHILD)2 |1 (M143)2 |
| M141. What was the cause of death? SHOW CARD L ON PAGE 22. | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ | _ _ _____ _____ |
| M142. What was the year of death, and how old was he/she? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">GO TO NEXT CHILD OR M143</div> | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE | _ _ _ _ YEAR _ _ AGE |

| | RELATIVE 1 | RELATIVE 2 |
|--|----------------------------------|---------------------------------|
| M143. Are there any other relatives on your side who have or had cancer? | YES 1 NO 2 (M147) | YES..... 1 NO 2 (M147) |
| M144. How is he/she related to you? | _____ _____ _____ | _____ _____ _____ |
| M145. What kind of cancer? SHOW CARD J ON PAGE 22. | _ _ _____ _____ | _ _ _____ _____ |
| M146. How old was this relative when the cancer was diagnosed? | _ _ AGE | _ _ AGE |

Record Details Below

| | RELATIVE _ | RELATIVE _ |
|--|---|--|
| M147. Are there any other relatives on your side who have or had a benign tumor? | YES 1 NO..... 2 (NEXT SECTION) | YES..... 1 NO..... 2 (NEXT SECTION) |
| M148. How was he/she related to you? | _____ _____ _____ | _____ _____ _____ |
| M149. What kind of benign tumor was it? SHOW CARD K ON PAGE 22. | _ _ _____ _____ | _ _ _____ _____ |
| M150. How old was this relative when this tumor was diagnosed? | _ _ AGE | _ _ AGE |

Record Details Below

SHOW CARD J: TYPE OF CANCER

- 1 Leukemia
- 2 Lung
- 3 Liver
- 4 Pancreas
- 5 Spleen
- 6 Breast
- 7 Ovaries
- 8 Prostate
- 9 Colon or digestive tract
- 10 Stomach
- 11 Skin
- 12 Brain
- 13 Other type of cancer, specify (do not code)
- 14 Not defined but widespread cancer of unknown type

SHOW CARD K: TYPE OF BENIGN TUMOR

- 1 Colorectal adenomas
- 2 Ovarian fibroma
- 3 Cardiac fibroma
- 4 Jaw cysts
- 5 Meningioma
- 6 Other (specify)

SHOW CARD L: CAUSE OF DEATH

- 1 Cancer, specify type
- 2 Accident
- 3 Heart disease/attack
- 4 Stroke (clot of blood in brain)
- 5 Natural causes (old age)
- 6 Infection
- 7 Spina bifida-related complications
- 8 Renal failure
- 9 Other, specify