

#4

PARENT/GUARDIAN STUDY ID _____

DAUGHTER STUDY ID _____

TODAY'S DATE _____ / _____ / _____
MONTH DAY YEAR

The LEGACY Girls Study

Baseline Parent/Guardian Questionnaire

For parent/guardians with daughters age 6-13 years

Cancer Family History

Self-administered

Section B: Cancer on the Participant's <u>Mother's</u> Side of the Family (Maternal)			
B1.	Has the Participating Daughter's Mother ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	If yes, what type of cancer? _____ Age at diagnosis _____
B2.	Has the Participating Daughter's Maternal Grandmother ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	If yes, what type of cancer? _____ Age at diagnosis _____
B3.	Has the Participating Daughter's Maternal Grandfather ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	If yes, what type of cancer? _____ Age at diagnosis _____
B4.	Does the Participating Daughter have any Maternal Aunts ?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to B6) <input type="checkbox"/> DON'T KNOW (Go to B6)	If yes, how many? _____
B5.	Have any of them ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to B6) <input type="checkbox"/> DON'T KNOW (Go to B6)	Maternal Aunt # 1 What type of cancer? _____ Age at diagnosis _____
			Maternal Aunt # 2 What type of cancer? _____ Age at diagnosis _____
			Maternal Aunt # 3 What type of cancer? _____ Age at diagnosis _____

B6.	Does the Participating Daughter have any Maternal Uncles ?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to B8) <input type="checkbox"/> DON'T KNOW (Go to B8)	If yes, how many? _____
B7.	Have any of them ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to B8) <input type="checkbox"/> DON'T KNOW (Go to B8)	Maternal Uncle # 1 What type of cancer? _____ Age at diagnosis _____
			Maternal Uncle # 2 What type of cancer? _____ Age at diagnosis _____
			Maternal Uncle # 3 What type of cancer? _____ Age at diagnosis _____
B8.	Have any Other Maternal Relatives had cancer? This could be the Participating Daughter's half siblings, cousins, great aunts or great uncles.	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to C1) <input type="checkbox"/> DON'T KNOW (Go to C1)	Relative # 1: What relative? _____ What type of cancer? _____ Age at diagnosis _____
			Relative # 2: What relative? _____ What type of cancer? _____ Age at diagnosis _____
			Relative # 3: What relative? _____ What type of cancer? _____ Age at diagnosis _____

Section C: Cancer on the Participant's <u>Father's</u> Side of the Family (Paternal)			
C1.	Has the Participating Daughter's Father ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	If yes, what type of cancer? _____ Age at diagnosis _____
C2.	Has the Participating Daughter's Paternal Grandmother ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	If yes, what type of cancer? _____ Age at diagnosis _____
C3.	Has the Participating Daughter's Paternal Grandfather ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	If yes, what type of cancer? _____ Age at diagnosis _____
C4.	Does the Participating Daughter have any Paternal Aunts ?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to C6) <input type="checkbox"/> DON'T KNOW (Go to C6)	If yes, how many? _____
C5.	Have any of them ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to C6) <input type="checkbox"/> DON'T KNOW (Go to C6)	Paternal Aunt # 1 What type of cancer? _____ Age at diagnosis _____
			Paternal Aunt # 2 What type of cancer? _____ Age at diagnosis _____
			Paternal Aunt # 3 What type of cancer? _____ Age at diagnosis _____

C6.	Does the Participating Daughter have any Paternal Uncles ?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to C8) <input type="checkbox"/> DON'T KNOW (Go to C8)	If yes, how many? _____
C7.	Have any of them ever had cancer?	<input type="checkbox"/> YES → <input type="checkbox"/> NO (Go to C8) <input type="checkbox"/> DON'T KNOW (Go to C8)	Paternal Uncle # 1 What type of cancer? _____ Age at diagnosis _____
			Paternal Uncle # 2 What type of cancer? _____ Age at diagnosis _____
			Paternal Uncle # 3 What type of cancer? _____ Age at diagnosis _____
C8.	Have any Other Paternal Blood Relatives had cancer? This could be the Participating Daughter's half siblings, cousins, great aunts or great uncles.	<input type="checkbox"/> YES → <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	Relative # 1: What relative? _____ What type of cancer? _____ Age at diagnosis _____
			Relative # 2: What relative? _____ What type of cancer? _____ Age at diagnosis _____
			Relative # 3: What relative? _____ What type of cancer? _____ Age at diagnosis _____

Thank you for your time and participation