

#11

DAUGHTER STUDY ID _____

DAUGHTER'S AGE _____

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

The LEGACY Girls Study
Follow-up #2 (at 12 months)

Daughter Questionnaire

For girls age 12 and older

Feelings, Thoughts & Behaviors

Self-administered

- A. Your thoughts and behaviors**
- B. Your feelings**
- C. Your health behaviors**
- D. Your thoughts and opinions about breast cancer**
- E. Your family**
- F. People you know**

This survey is going to cover several topics. The first set of questions may seem a little different than what you expected. They are questions often used in research to understand how people feel, act, and think. Then there are questions about your health behaviors—like your exercise. Then we ask about your opinions and experiences with breast cancer and your family relationships. You may skip any question you would rather not answer.

SECTION A. YOUR THOUGHTS & BEHAVIORS

Directions: This set of questions contains sentences that tell how some girls think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **True** or **False**.

Select **True** if you agree with the sentence.
 Select **False** if you do not agree with the sentence.

Give the best answer for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and try to answer every sentence.

	TRUE	FALSE
A1. Nothing goes my way.	<input type="checkbox"/>	<input type="checkbox"/>
A2. My muscles get sore a lot.	<input type="checkbox"/>	<input type="checkbox"/>
A3. Things go wrong for me, even when I try hard.	<input type="checkbox"/>	<input type="checkbox"/>
A4. I used to be happier.	<input type="checkbox"/>	<input type="checkbox"/>
A5. I often have headaches.	<input type="checkbox"/>	<input type="checkbox"/>
A6. I can never seem to relax.	<input type="checkbox"/>	<input type="checkbox"/>
A7. What I want never seems to matter.	<input type="checkbox"/>	<input type="checkbox"/>
A8. I worry about little things.	<input type="checkbox"/>	<input type="checkbox"/>
A9. Nothing is fun anymore.	<input type="checkbox"/>	<input type="checkbox"/>
A10. I never seem to get anything right.	<input type="checkbox"/>	<input type="checkbox"/>
A11. My friends have more fun than I do.	<input type="checkbox"/>	<input type="checkbox"/>
A12. I cover up my work when the teacher walks by.	<input type="checkbox"/>	<input type="checkbox"/>
A13. Nobody ever listens to me.	<input type="checkbox"/>	<input type="checkbox"/>
A14. Often I feel sick in my stomach.	<input type="checkbox"/>	<input type="checkbox"/>
A15. My parents have too much control over my life.	<input type="checkbox"/>	<input type="checkbox"/>

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	TRUE	FALSE
A16. I just don't care anymore.	<input type="checkbox"/>	<input type="checkbox"/>
A17. Sometimes my ears hurt for no reason.	<input type="checkbox"/>	<input type="checkbox"/>
A18. I worry a lot of the time.	<input type="checkbox"/>	<input type="checkbox"/>
A19. My parents are always telling me what to do.	<input type="checkbox"/>	<input type="checkbox"/>
A20. I often worry about something bad happening to me.	<input type="checkbox"/>	<input type="checkbox"/>
A21. I don't seem to do anything right.	<input type="checkbox"/>	<input type="checkbox"/>
A22. Most things are harder for me than for others.	<input type="checkbox"/>	<input type="checkbox"/>
A23. Other children are happier than I am.	<input type="checkbox"/>	<input type="checkbox"/>
A24. I never quite reach my goal.	<input type="checkbox"/>	<input type="checkbox"/>
A25. Sometimes, when alone, I hear my name.	<input type="checkbox"/>	<input type="checkbox"/>
A26. Nothing ever goes right for me.	<input type="checkbox"/>	<input type="checkbox"/>
A27. I get sick more than others.	<input type="checkbox"/>	<input type="checkbox"/>
A28. My parents blame too many of their problems on me.	<input type="checkbox"/>	<input type="checkbox"/>
A29. Nothing about me is right.	<input type="checkbox"/>	<input type="checkbox"/>
A30. My stomach gets upset more than most people's.	<input type="checkbox"/>	<input type="checkbox"/>

For this group of sentences, you will have four answer choices: **Never, Sometimes, Often, and Almost Always.**

	Never	Some- times	Often	Almost Always
A31. I get so nervous I can't breathe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A32. People say bad things to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A33. I get blamed for things I can't help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A34. I worry when I go to bed at night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A35. I feel like my life is getting worse and worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A36. Even when I try hard, I fail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A37. People act as if they don't hear me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A38. I am disappointed with my grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A39. I feel like people are out to get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A40. I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Some- times	Often	Almost Always
A41. No one understands me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A42. I feel dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A43. Someone wants to hurt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A44. I feel guilty about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A45. I am lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A46. I get nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A47. My parents expect too much from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A48. I worry but I don't know why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A49. I feel sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A50. When I take tests, I cannot think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A51. I am left out of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A52. Even when alone, I feel like someone is watching me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A53. I want to do better, but I can't.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A54. I hear voices in my head that no one else can hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A55. I see weird things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A56. I get nervous when things do not go the right way for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A57. Other people find things wrong with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A58. Little things bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A59. I am blamed for things I don't do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A60. I worry about what is going to happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A61. I fail at things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A62. I feel out of place around people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A63. Someone else controls my thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A64. I quit easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A65. I do things over and over and can't stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A66. I hear things that others cannot hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A67. I feel that others do not like the way I do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Some- times	Often	Almost Always
A68. People get mad at me even when I don't do anything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A69. I am afraid of a lot of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A70. Other people are against me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. YOUR FEELINGS

The questions in this section ask you about your feelings and thoughts during the last month. For each question, please tell us how often you felt or thought a certain way.

		never	almost never	some- times	fairly often	very often
B1.	In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>				
B2.	In the last month, how often have you felt confident about your ability to handle your personal problems? We are not asking how often you have had personal (school, friends, family) problems, but how often when you had a problem you felt confident to handle it.	<input type="checkbox"/>				
B3.	In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>				
B4.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>				

SECTION C. YOUR HEALTH BEHAVIORS

Now we are going to switch gears and ask you more specific questions about your health behaviors.

C1. When you are out in the sun, how often do you wear sunscreen?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

C2. Have you ever tried cigarette smoking; even 1 or 2 puffs?

- Yes → **Please go to C2a**
- No → **If no, skip to Question C3**

C2a. How old were you when you smoked a whole cigarette for the first time?

- a. _____ years old
- b. _____ I have never smoked a whole cigarette → **If no cigarettes, go to Question C3**

C2b. During the past 30 days, on how many days did you smoke cigarettes?

- none → **If none, skip to Question C3**
- 1-2
- 3-5
- 6-9
- 10-19
- 20-29
- every day

C2c. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- none
- less than 1
- 1
- 2-5
- 6-10
- 11-20
- more than 20

C2d. Have you ever smoked, at least 1 cigarette per day for 30 days?

- Yes
- No

C3. Have you ever had a drink of alcohol other than a few sips? Alcohol includes beer, wine, wine coolers, and liquor, such as rum, gin, vodka or whiskey.

- Yes → **Go to C3a.**
- No → **If no, skip to Question C4**

C3a. During the past 30 days, how many days have you had at least one drink of an alcoholic beverage?

_____ days per week **or** _____ days in the past 30 days

C3b. How old were you when you had your first drink of alcohol, other than a few sips?

_____ years old

C4. How would you describe your body weight? Would you say....

- very underweight
- slightly underweight
- about the right weight
- slightly overweight
- very overweight

C5. Which of the following are you trying to do now?

- lose weight
- gain weight
- stay the same weight
- not trying to do anything about my weight

C6. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all of the time you spent in any kind of activity that increases your heart rate and makes you breathe hard some of the time.)

_____ days

C7. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

C8. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

C9. In an average week, on how many days do you engage in exercise that does not involve team sports (workout at gym, dance, yoga, pilates, etc)?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

SECTION D. YOUR THOUGHTS & OPINIONS ABOUT BREAST CANCER

D1. Some people have uncontrolled thoughts about certain things. These vary from person to person depending on their experiences. We are interested in knowing if you have thoughts and feelings about breast cancer and if so, how frequently you experienced these in **the last seven days**. If they did not occur during that time, mark “not at all.”

		NOT AT ALL	RARELY	SOME-TIMES	OFTEN
D1a.	I thought about breast cancer when I didn't mean to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1b.	I tried to remove breast cancer from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1c.	I had waves of strong feelings about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1d.	I stayed away from reminders of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1e.	I tried not to talk about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1f.	Pictures about breast cancer popped into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1g.	Other things kept making me think about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1h.	I tried not to think about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A family history of breast cancer means having a relative with breast cancer. How much do you agree or disagree that...

		Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly	I don't know
D2.	If a woman has a family history of cancer on her father's side of the family, she has an increased chance of developing breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.	If a woman has a family history of cancer on her mother's side of the family, she has an increased chance of developing breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4.	Even if a woman has a family history of cancer, she may not develop cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask what you think about the risk of getting breast cancer. It is OK to check "I don't know."

D5. Out of 100 women who get breast cancer, how many have inherited breast cancer?

_____ out of 100

I don't know

D6. Now consider the likelihood for **any** woman to get breast cancer. How many women out of a group of 100 from the general population, do you think will get breast cancer at some point in their lives?

_____ out of 100

I don't know

D7. Now, we would like you to consider women who have a family history of breast cancer. How many women out of a group of 100 women with **a family history of breast cancer** will get breast cancer at some point in their lives?

_____ out of 100

I don't know

D8. No two people have the same chance of getting cancer. Given that you are a unique person, what number on a scale of 0 to 100 do you think represents the chance that **you** will get breast cancer at some point in your adulthood? So 0 means *will never get breast cancer* and 100 means *definitely will get breast cancer*.

_____ → **If 0, skip to question D9**

I don't know → **skip to question D9**

D8a. Given that you are a unique person, what number on a scale of 0 to 100 do you think represents the chance that **you** will get breast cancer in the next 10 years?

I don't know

D9. Do you think your chances of getting breast cancer when you are an adult are the same or different than other girls your age when they become adults? Would you say.....

- Much lower
- A little lower
- The same
- A little higher
- Much higher
- I don't know

Now we are interested in your thoughts and opinions about things that could prevent or delay breast cancer in women. Again, we are not looking for any particular answer, but are interested in what YOU believe. How much do you agree or disagree that...

		Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly	I don't know
D10.	I believe that women can do things to prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11.	I believe that women can do things to prevent or delay getting breast cancer even if they have a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12.	I believe that I can do things to prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13.	If a woman leads a healthy lifestyle, I believe she can prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14.	Even if a woman has a family history of breast cancer, leading a healthy lifestyle will prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15.	If I lead a healthy lifestyle, I believe I can prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16.	Exercise is effective in preventing or delaying breast cancer for women in general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17.	Exercise is effective in preventing or delaying breast cancer for women with a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly	I don't know
D18.	Exercise can help me prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D19.	A healthy diet can help women prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D20.	A healthy diet can help a woman prevent or delay breast cancer, even if she has a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D21.	A healthy diet can help me prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D22.	Screening for breast cancer, for example, mammograms (an X-ray of the breasts) and breast exams, can help women prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D23.	Screening for breast cancer can help a woman prevent or delay breast cancer, even if she has a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D24.	Screening for breast cancer when I am old enough can help me prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: YOUR FAMILY

This section contains a number of statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how YOU see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have trouble with a statement, answer with your first reaction.

		Strongly agree	Agree	Disagree	Strongly disagree
E1.	Planning family activities is difficult because we misunderstand each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2.	When someone is upset the others <i>know</i> why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3.	In times of crisis we can turn to each other for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly agree	Agree	Disagree	Strongly disagree
E4.	We cannot talk to each other about the sadness we feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E5.	You can't tell how a person is feeling from what they are saying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E6.	Individuals are accepted for what they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7.	People come right out and say things instead of hinting at them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8.	We avoid discussing our fears and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9.	It is difficult to talk to each other about tender feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E10.	We can express feelings to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E11.	We talk to people directly rather than through go-betweens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E12.	There are lots of bad feelings in the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Strongly agree	Agree	Disagree	Strongly disagree
E13.	We often don't say what we mean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14.	We feel accepted for what we are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15.	Making decisions is a problem for our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E16.	We are frank with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E17.	We are able to make decisions about how to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E18.	We don't get along well together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E19.	We don't talk to each other when we are angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E20.	We confide in each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E21.	When we don't like what someone has done, we tell them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F. PEOPLE YOU KNOW

F1. Has anyone in your family ever had cancer? Include grandparents, aunts and uncles.

- No → Go to Question F2
- Don't know → Go to Question F2
- Yes → Please put a check in the box next to the relatives who have had cancer:

- my sister
- my brother

Your **mother's** side of the family:

- my mother
- my grandmother
- my grandfather
- my aunt → how many aunts on your mother's side had cancer? _____
- my uncle → how many uncles on your mother's side had cancer? _____

Your **father's** side of the family

- my father
- my grandmother
- my grandfather
- my aunt → how many aunts on your father's side had cancer? _____
- my uncle → how many uncles on your father's side had cancer? _____

F2. Do you know anyone outside of your family who has had cancer? For example, a friend's parent, a teacher or a coach.

- No → Go to "End of questions"
- Don't know → Go to "End of questions"
- Yes → Please put a check in the box next to the person or people who have had cancer:

- Friend's mother
- Friend's father
- Teacher
- Coach
- Neighbor
- Other (please tell us who) _____
- Other (please tell us who) _____

End of Questions.
That is the end of this group of questions. Thank you!