

Family History and Genomics Questions from non-BRFSS Surveys

Updated October 2011

Compiled by the University of Washington Center for Genomics & Public Health

Introduction

Compiled genomics survey questions

At the request of our state partners in 2006, a summary document of all genomics and family-history questions used in a multitude of surveys was compiled for reference. This update includes data from 1999 to 2008. If we have missed any questions, or if you have suggestions for this compilation, please contact us. Email: cgph@u.washington.edu

How to use this tool

The questions are grouped together by survey and then year (where applicable).

Why is data from survey questions important?

Results from these questions can provide vital information towards quantifying the health impact of family history strategies. This evidence is important to public health practitioners in order to establish policies and best practices for collecting and using family history information.

Answers to these questions can be revealing:

- If results show a positive family history of a disease, then that translates to a prevalence of disease in populations or specific groups.
- If results show that people accurately collected family history information from family members, then this translates to how much the public is aware of family history as a risk factor in disease.
- If results show that a public health provider discussed an inherited risk of disease with them, then this information can be used to track provider practices around collecting family history information.
- If results show that people perceived themselves to be at high risk of disease, then this means we can better understand patients' perception of disease risk.
- If results show that the public has made lifestyle changes to reduce risk, then we can better investigate beliefs about modifiable risk factors and tailor public health promotion programs to respond to those beliefs.

Table of Contents

CDC Healthstyles 2000	1
CDC Healthstyles 2001	1
CDC Healthstyles 2002.....	1
CDC Healthstyles 2003.....	2
CDC Healthstyles 2004	3
CDC Healthstyles 2005	4
CDC Healthstyles 2006	5
CDC Healthstyles 2008	6
CDC Docstyles 2006	7
NHANES III	7
NHANES 99	8
National Health Survey 2000	8
California Health Interview Survey 2005	16
Oregon Department of Human Services PRAMS 2005	21
Michigan Department of Community Health Diabetes, Osteoporosis, Arthritis Behavioral Risk Factor Survey 2005	21
Utah Department of Health YRBS 2007	22

Compilation of Genomics and Family History Questions from other Surveys

CDC HEALTHSTYLES (2000)		
Topic	Disease(s)	Questions
Genes & Infection	NA	1. A person's genes can make them more likely to get infections such as the flu. 1 is Strongly Disagree 5 is Strongly Agree
Gene vs. Behavior vs. Environment	NA	1. A person's health is determined more by their genes than by their behavior or their environment. 1 is Strongly Disagree 5 is Strongly Agree
Genes & Side Effects from Medicine	NA	5. A person's genes can make them more likely to have side effects from drugs and medications. 1 is Strongly Disagree 5 is Strongly Agree
Genes & Susceptibility	Diseases caused by smoking	6. A person's genes can make them more likely to develop diseases caused by cigarette smoking. 1 is Strongly Disagree 5 is Strongly Agree
Genes & Susceptibility	Diseases caused by environmental exposures such as pesticides	7. A person's genes can make them more likely to develop illness from environmental exposures such as pesticides. 1 is Strongly Disagree 5 is Strongly Agree
Genes & health	NA	8. Discoveries about human genes will lead to better health. 1 is Strongly Disagree 5 is Strongly Agree
CDC HEALTHSTYLES (2001)		
Topic	Disease(s)	Questions
Family History of Asthma & Heart Disease (Mother)	Asthma, CVD	1. Has your biological mother ever had any of the following conditions? ("X" all that apply) Asthma : Yes No Not sure Heart Disease: Yes No Not sure
Family History of Asthma & Heart Disease (Father)	Asthma, CVD	2. Has your biological father ever had any of the following conditions ("X" all that apply) Asthma : Yes No Not sure Heart Disease: Yes No Not sure
Family History of Asthma & Heart Disease (Brothers)	Asthma, CVD	3. Have any of your biological brothers ever had any of the following conditions ("X" all that apply)
		Asthma : Yes No Not sure No brothers
		Heart Disease: Yes No Not sure No brothers
Family History of Asthma & Heart Disease (Sisters)	Asthma, CVD	4. Have any of your biological sisters ever had any of the following conditions ("X" all that apply)
		Asthma : Yes No Not sure No sisters
		Heart Disease: Yes No Not sure No sisters
CDC HEALTHSTYLES (2002)		
Topic	Disease(s)	Questions
Family History: Importance	NA	1. It is important for my own health to know the history of diseases that run in my family (like cancer, diabetes, or heart disease) 1 is Strongly Disagree 5 is Strongly Agree

Compilation of Genomics and Family History Questions from other Surveys

Concern due to Family History	NA	2. I am concerned about my own health because one of my immediate blood relatives (parents, siblings, or children) has had cancer, diabetes, or heart disease. 1 is Strongly Disagree 5 is Strongly Agree
Disease Risk due to Family History	NA	3. Has your doctor every told you that you have an increased risk for a disease (like cancer, diabetes, or heart disease) because it runs in your family? Yes No Not sure Not Applicable
Diet Change due to Family History	NA	4. Have you changed your diet to help reduce your risk of a disease that runs in your family (like cancer, diabetes, or heart disease)? Yes No Not sure Not Applicable
Exercise Change due to Family History	NA	5. Have you changed your exercise habits to help reduce your risk of a disease that runs in your family (like cancer, diabetes, or heart disease)? Yes No Not sure Not Applicable
CDC HEALTHSTYLES (2003)		
Topic	Disease(s)	Questions
Coronary Heart Disease: Self	CHD	1. Have you ever been diagnosed by your doctor as having coronary heart disease (e.g., myocardial infarction, coronary bypass graft surgery or angioplasty)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Coronary Heart Disease: Mother	CHD	2. Has your mother ever been diagnosed as having coronary heart disease?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Coronary Heart Disease: Father	CHD	3. Has your father ever been diagnosed as having coronary heart disease?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Stroke/TIA: Self	Stroke/TIA	4. Have you ever been diagnosed by your doctor as having a stroke/TIA (mini stroke)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Stroke/TIA: Mother	Stroke/TIA	5. Has your mother ever been diagnosed as having a stroke/TIA (mini stroke)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Stroke/TIA: Father	Stroke/TIA	6. Has your father ever been diagnosed as having a stroke/TIA (mini stroke)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
CHD: Siblings (<60 yrs)	Stroke/TIA	7. How many of your brothers and sisters have been diagnosed with coronary heart disease at or before age 60? None One Two or more Don't Know
CHD: Siblings (>60 yrs)	CHD	8. How many of your brothers and sisters have been diagnosed with coronary heart disease after age 60? None Don't Know
CHD: Maternal Side (<60 yrs)	CHD	9. How many of your mother's relatives (her sisters, brothers and parents) were diagnosed with coronary heart disease at or before age 60? None One Two or more Don't Know

Compilation of Genomics and Family History Questions from other Surveys

CHD: Maternal Side (>60 yrs)	CHD	10. How many of your mother's relatives (her sisters, brothers and parents) were diagnosed with coronary heart disease after age 60? None One Two or more Don't Know
CHD: Paternal Side (<60 yrs)	CHD	11. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with coronary heart disease at. or before age 60? None One Two or more Don't Know
Paternal Side (>60 yrs)	CHD	12. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with coronary heart disease after age 60? None One Two or more Don't Know
Stoke/TIA: Siblings (<60 yrs)	Stroke/TIA	13. How many of your brothers and sisters have been diagnosed with stroke/TIA (mini stroke) at or before age 60? None One Two or more Don't Know
Stroke/TIA: Siblings (>60 yrs)	Stroke/TIA	14. How many of your brothers and sisters have been diagnosed with stroke/TIA (mini stroke) after age 60? None One Two or more Don't Know
Stroke/TIA: Maternal Side (<60 yrs)	Stoke/TIA	15. How many of your mother's relatives (her sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) at or before age 60? None One Two or more Don't Know
Stroke/TIA: Maternal Side (>60 yrs)	Stroke/TIA	16. How many of your mother's relatives (her sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) after age 60? None One Two or more Don't Know
Stroke/TIA: Paternal Side (<60 yrs)	Stroke/TIA	17. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) at or before age 60? None One Two or more Don't Know
Stroke/TIA: Paternal Side (>60 yrs)	Stroke/TIA	18. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) after age 60? None One Two or more Don't Know
CDC HEALTHSTYLES (2004)		
Topic	Disease(s)	Questions
Risk Assessment Based on Family History	Diabetes	1. Has your doctor ever told you that you have a greater chance of getting diabetes because it runs in your family? Yes No Not sure Not Applicable
Lifestyle Changes to Reduce Risk of Diabetes	Diabetes	2. Have you made any lifestyle changes, like diet or exercise, to reduce your chances of getting diabetes? Yes No Not sure Not Applicable
Type 2 Diabetes: Self	Diabetes	3. Have you ever been diagnosed by your doctor as having type 2 diabetes? Yes No Not sure Not Applicable
Type 2 Diabetes: Mother	Diabetes	3. Has your mother ever been diagnosed as having type 2 diabetes? Yes No Not sure Not Applicable
Type 2 Diabetes: Father	Diabetes	4. Has your father ever been diagnosed as having type 2 diabetes? Yes No Not sure Not Applicable

Compilation of Genomics and Family History Questions from other Surveys

Collection of Family History	NA	5. Have you ever actively collected health information from your relatives for purposes of developing a family health history?
		Yes No Not sure Not Applicable
Type 2 Diabetes: Siblings	Diabetes	6. How many of your brothers and sisters have been diagnosed with type 2 diabetes?
		None One Two Three More than Three Don't Know
Type 2 Diabetes: Maternal Side	Diabetes	7. How many of your mother's relatives (her sisters, brothers, and parents) were diagnosed with type 2 diabetes?
		None One Two Three More than Three Don't Know
Type 2 Diabetes: Paternal Side	Diabetes	8. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with type 2 diabetes?
		None One Two Three More than Three Don't Know
Family History: Importance		9. How important do you think knowledge of your family's health history is to your personal health?
		Very Important Somewhat Important Not at All Important Not Sure
CDC HEALTHSTYLES (2005)		
Topic	Disease(s)	Questions
Stroke/TIA: Self	CHD	1. Have you ever been diagnosed by your doctor as having a stroke/TIA (mini stroke)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Stroke/TIA: Mother	Stroke/TIA	2. Has your mother ever been diagnosed as having a stroke/TIA (mini stroke)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Stroke/TIA: Father	Stroke/TIA	3. Has your father ever been diagnoses as having a stroke/TIA (mini stroke)?
		Yes, at or before age 60 Yes, after age 60 No Don't Know
Stoke/TIA: Siblings (<60 yrs)	Stroke/TIA	4. How many of your brothers and sisters have been diagnosed with stroke/TIA (mini stroke) at or before age 60?
		None One Two Three More than 3 Don't Know
Stroke/TIA: Siblings (>60 yrs)	Stroke/TIA	5. How many of your brothers and sisters have been diagnosed with stroke/TIA (mini stroke) after age 60?
		None One Two Three More than 3 Don't Know
Stroke/TIA: Maternal Side (<60 yrs)	Stoke/TIA	6. How many of your mother's relatives (her sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) at or before age 60?
		None One Two Three More than 3 Don't Know

Compilation of Genomics and Family History Questions from other Surveys

Stroke/TIA: Maternal Side (>60 yrs)	Stroke/TIA	7. How many of your mother's relatives (her sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) after age 60?
		None One Two Three More than 3 Don't Know
Stroke/TIA: Paternal Side (<60 yrs)	Stroke/TIA	8. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) at. or before age 60?
		None One Two Three More than 3 Don't Know
Stroke/TIA: Paternal Side (>60 yrs)	Stroke/TIA	9. How many of your father's relatives (his sisters, brothers and parents) were diagnosed with stroke/TIA (mini stroke) after age 60?
		None One Two Three More than 3 Don't Know
Family History: Importance		10. In the past year, have you read or heard about the importance of knowing your family's health history? No Not Sure Yes — If YES, from which of the following sources did you read or hear anything about the importance of knowing your family history? ("X" all that apply)
		Newspaper Television Radio Magazine Internet Health Professional Friend Family Other
Collection of Family History Information		11. Have you ever actively collected health information from your relatives for the purposes of developing a family history? No Not Sure Not Applicable Yes — If YES, have you shared the family health information you collected with a health professional?
		No Yes Not yet, but I plan to in the future
CDC HEALTHSTYLES (2006)		
Topic	Disease(s)	Questions
Knowledge/ Awareness of Genetic Testing		1. Genetic tests generally examine DNA in your blood or other tissues and are used for many purposes. Which of the following types of genetic testing have you heard or read about? ("X" all that apply)
		DNA, diet, and lifestyle assessment to manage potential health risks
		Genetic screening in pregnancy
		Diagnosis of a genetic disease
		Testing to predict the likelihood you will develop a disease in the future
		Screening newborn babies
		Carrier testing for a genetic disease
		Genetic testing to prescribe the correct medication or adjust the dose of medication
Knowledge/ Awareness of Genetic Testing		2. Genetic tests generally examine DNA in your blood or other tissues and are used for many purposes. Have you ever had any of the following genetic tests? ("X" all that apply)
		DNA, diet, and lifestyle assessment to manage potential health risks
		Genetic screening in pregnancy
		Diagnosis of a genetic disease
		Testing to predict the likelihood you will develop a disease in the future
		Screening newborn babies
		Carrier testing for a genetic disease
		Genetic testing to prescribe the correct medication or adjust the dose of medication

Compilation of Genomics and Family History Questions from other Surveys

Family History of Disease		3. Have any of your first degree relatives (father, mother, brother, sister, children) ever been told they have any of the following diseases? ("X" all that apply)
		Heart Disease Diabetes (not related to Stroke Breast Cancer Ovarian Cancer Colorectal pregnancy) Cancer
Direct-to-Consumer Marketing of Genetic Tests		4. Genetic tests that analyze your DNA, diet, and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Have you heard or read about these genetic tests? Yes — Ask question below No — Stop
		4A. From which of the following sources did you read or hear anything about genetic tests that analyze your DNA, diet, and lifestyle for potential health risks? ("X" all that apply)
		Newspaper Television Radio Magazine Internet Health Friend Family Other Not Sure Professional Member
		4B. Have you ever had a genetic test that analyzes your DNA, diet, and lifestyle for potential health risks?
		No Yes, I ordered the test directly from the company, but Yes, I ordered the test directly from the company and I discussed the results with my health care provider did not discuss the results with my health care provider
CDC HEALTHSTYLES (2008)		
Topic	Disease(s)	Question
Direct-to-Consumer Marketing of Genetic Tests		1. Genetic tests that scan a person's entire genetic makeup for potential health risk to consumers by several different companies (e.g., 23andme, deCODEme, Navigenics). These genetic tests are currently being marketed directly to consumers. Have you heard or read about? ("X" ONE)
		Yes — (Answer questions in the box below)
		No — (Go to Question 4)
		Don't know/Not sure — (Go to Question 4)
Direct-to-Consumer Marketing of Genetic Tests		2. From which of the following sources did you hear or read anything about genetic tests that scan a person's entire genetic makeup for potential health risks that are marketed directly to consumers (e.g., from companies such as 23andme, deCODEme, Navigenics)? ("X" ALL THAT APPLY)
		Newspaper Health professional Friend
		Magazine Internet Other
		TV or radio Family member Don't know
Direct-to-Consumer Marketing of Genetic Tests		3. Have you ever had a genetic test that scanned your entire genetic makeup for potential health risks from a direct-to-consumer company (e.g., 23andme, deCODEme, Navigenics)? ("X" ONE)
		No
		Yes, I ordered the test directly from the company, but I discussed the results with my health care provider
		Yes, I ordered the test directly from the company, and I did not discuss the results with my health care provider

Compilation of Genomics and Family History Questions from other Surveys

CDC DOCSTYLES (2006)		
Topic	Disease(s)	Question
Direct-to-Consumer Marketing of Genetic Tests		1. Genetic tests that analyze a persons DNA, diet, and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Have you heard or read about these genetic tests? Yes — Go to next question No — Skip 1 question
Direct-to-Consumer Marketing of Genetic Tests		2. From which of the following sources did you read or hear anything about genetic tests that analyze a person's DNA, diet, and lifestyle for potential health risks? Select all that apply. News- Television Radio Magazine Internet Professional Scientific Journal Patients Not Sure paper Organization Meeting Article
Direct-to-Consumer Marketing of Genetic Tests		3. Genetic tests that analyze your DNA, diet, and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Over the past year, what proportion of your patients has asked questions about having this type of genetic test? None <1% I- 10% II- 30% 31-50% >50%
Direct-to-Consumer Marketing of Genetic Tests		4. Genetic tests that analyze your DNA, diet, and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Over the past year, what proportion of your patients brought results from this type of genetic testing to you for discussion? None <1% I- 10% II- 30% 31-50% >50%
NHANES III		
Topic	Disease(s)	Questions
Family History of Disease	Multiple	Doctor told relatives they had diabetes?
		Any relatives had heart attack before age 50?
		Did grandmother have diabetes?
		Did grandfather have diabetes?
		Did mother have diabetes?
		Did father have diabetes?e
		Did sister have diabetes?
		Did brother have diabetes?
		Did uncle have diabetes?
		Did aunt have diabetes?
		Did cousin have diabetes?
		Did son have diabetes?
		Did daughter have diabetes?
		Did other relative have diabetes?
Did grandmother have heart attack?		

Compilation of Genomics and Family History Questions from other Surveys

Family History Of Disease	Multiple	Did grandfather have heart attack?
		Did mother have heart attack?
		Did father have heart attack?
		Did sister have heart attack?
		Did brother have heart attack?
		Did uncle have heart attack?
		Did aunt have heart attack?
		Did cousin have heart attack?
		Did son have heart attack?
		Did daughter have heart attack?
		Did other relative have heart attack?
		Doctor told mother she had osteoporosis?
		Did your biological mother ever fracture hip?
		How many times mother fractured hip?
		Age of mother at first hip fracture?
NHANES 99		
Topic	Disease(s)	Questions
Family History of Disease	Multiple	Including living and deceased, were any of your biological, that is blood relatives including grandparents, parents, brothers, sisters ever told by a health professional they had Diabetes? Alzheimer's Disease? Asthma? Arthritis? Osteoporosis or brittle bones? High blood pressure or stroke before the age of 50? Heart attack or angina before the age of 50? (For each "yes", ask question below) Which biological family member? Father Mother Mother's Mother Mother's Father Father's Mother Father's Father Brother Sister Other Refused Don't Know
National Health Survey (2000)		
Topic	Disease(s)	Questions
Family History of Cancer: Father		We would like to ask you a few questions about your family history of cancer. Did your BIOLOGICAL FATHER ever have cancer of any kind?
		Yes No Adopted or don't know biological father Refused Don't Know
		Enter up to 3 kinds of cancer. If respondents offers more than 3 kinds of cancer, enter 96 in the fourth answer space. Enter N for no more.
		Bladder
		Blood
		Bone
Brain		

Compilation of Genomics and Family History Questions from other Surveys

	Breast				
	Pancreas				
	Gall Bladder				
	Kidney				
	Larynx-Windpipe				
	Leukemia				
	Liver				
	Lung				
	Lymphoma				
	Melanoma				
	Mouth/Tongue/Lip				
	Esophogas				
	Rectum				
	Skin (non-melanoma)				
	Skin-don't know what kind				
	Soft Tissue (muscle/fat)				
	Stomach				
	Testis				
	Throat-Larnyx				
	Thyroid				
	Colon				
	Prostrate				
	Other				
	More than 3 kinds				
	Refused				
	Don't Know				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: none;">_Father (Cancer Type I)</td> <td style="width: 25%; border: none;">Father (Cancer Type II)</td> <td style="width: 25%; border: none;">Father(Cancer Type III)</td> <td style="width: 25%; border: none;">(N or 96)</td> </tr> </table>	_Father (Cancer Type I)	Father (Cancer Type II)	Father(Cancer Type III)	(N or 96)
_Father (Cancer Type I)	Father (Cancer Type II)	Father(Cancer Type III)	(N or 96)		
	Was your biological father under 50 years of age when .				
	(Father Cancer Type 1) was first diagnosed? Yes No Don't Know Refused				
	(Father Cancer Type 2) was first diagnosed? Yes No Don't Know Refused				
	(Father Cancer Type 3) was first diagnosed? Yes No Don't Know Refused				

Compilation of Genomics and Family History Questions from other Surveys

Family History of Cancer: Mother		Did your BIOLOGICAL MOTHER ever have cancer of any kind?			
	Yes	No	Adopted or don't know biological mother	Refused	Don't Know
	Enter up to 3 kinds of cancer. If respondent offers more than 3 kinds of cancer, enter 96 in the fourth answer space. Enter N for no more.				
			Bladder		
			Blood		
			Lymphoma		
			Melanoma		
			Mouth/Tongue/Lip		
			Ovary		
			Pancreas		
			Kidney		
			Larynx-Windpipe		
			Leukemia		
			Soft Tissue (muscle/fat)		
			Liver		
			Lung		
			Throat-Larynx		
			Thyroid		
			Uterus		
			Colon		
			Esophagus		
			Gall Bladder		
			Skin (non-melanoma)		
			Skin-don't know what kind		
			Stomach		
			Bone		
			Brain		
			Breast		
			Cervix		
			Rectum		
		Other			
		More than 3 kinds			
		Don't Know			
		Refused			

Compilation of Genomics and Family History Questions from other Surveys

		_ Mother (Cancer Type 1) _ Mother (Cancer Type 2)
		Was your biological mother under 50 years of age when . . .
		(Mother Cancer Type 1) was first diagnosed? Yes No Don't Know Refused
		(Mother Cancer Type 2) was first diagnosed? Yes No Don't Know Refused
		(Mother Cancer Type 3) was first diagnosed? Yes No Don't Know Refused
Family History of Cancer:		FULL BROTHERS have the same biological mother and father as you. How many FULL BROTHERS do you have? Please include any who are alive and those who may have died.
Brothers		None 1-20 brothers 21+ brothers Refused Don't Know
		If only one brother ask: Did you brother EVER have cancer of any kind?
		Brother has not had any kind of cancer Brother has had cancer Refused Don't Know
		If more than one brother ask: How many of your brothers have EVER had cancer of any kind?
		None 1-20 brothers 21+ brothers Refused Don't Know
		What kind(s) of cancer did your brother(s) have? Enter up to 3 kinds of cancer. If respondent offers more than 3 kinds of cancer, enter 96 in the fourth answer space. Enter N for no more.
		Bladder Liver Stomach
		Blood Lung Testis
		Bone Lymphoma Throat-Larynx
		Brain Melanoma Thyroid
		Breast Mouth/Tongue/Lip Colon
		Pancreas Esophogas Prostrate
		Gall Bladder Rectum Other
		Kidney Skin (non-melanoma) More than 3 kinds
		Larynx-Windpipe Skin-don't know what kind Refused
		Leukemia Soft Tissue (muscle/fat) Don't Know
		_ Brother (Cancer Type 1) _ Brother (Cancer Type 2) _ Brother (Cancer Type 3) _(N or 96) How many of your brothers have had (Brother Cancer Type 1) Cancer?
		1-20 21+ Refused Don't Know
		If one brother had (Brother Cancer Type 1) ask: Was your brother under 50 years of age when (Brother Cancer Type 1) was diagnosed?
		Brother not under 50 years of age Brother under 50 Refused Don't Know
		If two or more brothers had (Brother Cancer Type 1) ask: How many of these brothers were under 50 years of age when (Brother Cancer Type 1) was first diagnosed?
		None diagnosed under 50 years 1-20 21+ Refused Don't Know

Compilation of Genomics and Family History Questions from other Surveys

		How many of your brothers have had (Brother Cancer Type 2) Cancer?
		1-20 21+ Refused Don't Know
Family History of Cancer: Brothers cont.		If one brother had (Brother Cancer Type 2) ask: Was your brother under 50 years of age when (Brother Cancer Type 2) was diagnosed?
		Brother not under 50 years of age Brother under 50 Refused Don't Know
		If two or more brothers had (Brother Cancer Type 2) ask: How many of these brothers were under 50 years of age when (Brother Cancer Type 2) was first diagnosed?
		None diagnosed under 50 years 1-20 21+ Refused Don't Know
		How many of your brothers have had (Brother Cancer Type 3) Cancer?
		1-20 21+ Refused Don't Know
		If one brother had (Brother Cancer Type 3) ask: Was your brother under 50 years of age when (Brother Cancer Type 3) was diagnosed?
		Brother not under 50 years of age Brother under 50 Refused Don't Know
		If two or more brothers had (Brother Cancer Type 3) ask: How many of these brothers were under 50 years of age when (Brother Cancer Type 3) was first diagnosed?
		None diagnosed under 50 years 1-20 21+ Refused Don't Know
Family History of Cancer: Sisters		FULL SISTERS have the same biological mother and father as you. How many FULL SISTERS do you have? Please include any who are alive and those who may have died.
		None 1-20 sisters 21+ sisters Refused Don't Know
		If only one sister ask: Did you sisters EVER have cancer of any kind?
		Sister has not had any kind of cancer Sister has had cancer Refused Don't Know
		If more than one sister ask: How many of your sisters have EVER had cancer of any kind?
		None 1-20 sisters 21+ sisters Refused Don't Know
Family History of Cancer: Sisters cont.		What kind of cancer(s) did you sister(s) have? Enter up to 3 kinds of cancer. If respondent offers more than 3 kinds of cancer, enter 96 in the fourth answer space. Enter N for no more.
		Bladder Liver Stomach
		Blood Lung Bone
		Lymphoma Throat-Larynx Brain
		Melanoma Thyroid Breast
		Mouth/Tongue/Lip Uterus Cervix
		Ovary Colon Rectum
		Pancreas Esophogas Other

Compilation of Genomics and Family History Questions from other Surveys

		Kidney	Gall Bladder	More than 3 kinds	
		Larynx-Windpipe	Skin (non-melanoma)	Don't Know	
		Leukemia	Skin-don't know what kind	Refused	
		Soft Tissue (muscle/fat)			
		_Sister (Cancer Type 1) _Sister (Cancer Type 2) _Sister (Cancer Type 3) _(N or 96) How many of your sisters have had (Sister Cancer Type 1) Cancer?			
		1-20	21+	Refused	Don't Know
		If one sister had (Sister Cancer Type 1) ask: Was your sister under 50 years of age when (Sister Cancer Type 1) was diagnosed?			
		Sister not under 50 years of age	Sister under 50	Refused	Don't Know
		If two or more sisters had (Sister Cancer Type 1) ask: How many of these sisters were under 50 years of age when (Sister Cancer Type 1) was first diagnosed?			
		None diagnosed under 50 years	1-20	21+	Refused Don't Know
		How many of your sisters have had (Sister Cancer Type 2) Cancer?			
		1-20	21+	Refused	Don't Know
		If one sister had (Sister Cancer Type 2) ask: Was your sister under 50 years of age when (Sister Cancer Type 2) was diagnosed?			
		Sister not under 50 years of age	Sister under 50	Refused	Don't Know
		If two or more sisters had (Sister Cancer Type 2) ask: How many of these sisters were under 50 years of age when (Sister Cancer Type 2) was first diagnosed?			
		None diagnosed under 50 years	1-20	21+	Refused Don't Know
Family History of Cancer: Sisters cont.		How many of your sisters have had (Sister Cancer Type 3) Cancer?			
		1-20	21+	Refused	Don't know
		If one sister had (Sister Cancer Type 3) ask: Was your sister under 50 years of age when (Sister Cancer Type 3) was diagnosed?			
		Sister not under 50 years of age	Sister under 50	Refused	Don't Know
		If two or more sisters had (Sister Cancer Type 3) ask: How many of these sisters were under 50 years of age when (Sister Cancer Type 3) was first diagnosed?			
		None diagnosed under 50 years	1-20	21+	Don't Know Refused
Family History of Cancer: Sons		How many BIOLOGICAL SONS do you have? Please include any sons who are alive and those that have died.			
		No sons	1-20	21 +	Refused Don't Know
		If only one son, ask: Did your son ever have cancer of any kind?			

Compilation of Genomics and Family History Questions from other Surveys

	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Son has not had any kind of cancer</td> <td style="width: 25%;">Son has had cancer</td> <td style="width: 25%;">Refused</td> <td style="width: 25%;">Don't Know</td> </tr> <tr> <td colspan="4">If more than one son, ask: How many of your sons ever have had cancer of any kind?</td> </tr> <tr> <td>None</td> <td>1-20</td> <td>21 +</td> <td>Refused</td> </tr> <tr> <td colspan="4">Don't Know</td> </tr> <tr> <td colspan="4">What kind of cancers did your son(s) have? Enter up to 2 kinds. If respondent offers more than 2 kinds, enter "96" in the third answer space. Enter N for no more.</td> </tr> <tr><td colspan="4">Bladder Liver</td></tr> <tr><td colspan="4">Blood Lung</td></tr> <tr><td colspan="4">Bone Lymphoma</td></tr> <tr><td colspan="4">Brain Melanoma</td></tr> <tr><td colspan="4">Breast Mouth/Tongue/Lip</td></tr> <tr><td colspan="4">Pancreas Esophogas</td></tr> <tr><td colspan="4">Gall Bladder Rectum</td></tr> <tr><td colspan="4">Kidney</td></tr> <tr><td colspan="4">Skin (non-melanoma)</td></tr> <tr><td colspan="4">Larynx-Windpipe</td></tr> <tr><td colspan="4">Skin-don't know what kind</td></tr> <tr><td colspan="4">Leukemia</td></tr> <tr><td colspan="4">Soft Tissue (muscle/fat)</td></tr> <tr><td colspan="4">Stomach</td></tr> <tr><td colspan="4">Testis</td></tr> <tr><td colspan="4">Throat-Larnyx</td></tr> <tr><td colspan="4">Thyroid</td></tr> <tr><td colspan="4">Colon</td></tr> <tr><td colspan="4">Prostrate</td></tr> <tr><td colspan="4">Other</td></tr> <tr><td colspan="4">More than 3 kinds</td></tr> <tr><td colspan="4">Refused</td></tr> <tr><td colspan="4">Don't Know</td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4">_ Son (Cancer Type 1) _ Son (Cancer Type 2) _ Son (Cancer Type 3) _(N or 96)</td></tr> <tr> <td colspan="4">How many of your sons have had (Son Cancer Type 1) Cancer</td> </tr> <tr> <td>1-20</td> <td>21+</td> <td>Refused</td> <td>Don't Know</td> </tr> </table>	Son has not had any kind of cancer	Son has had cancer	Refused	Don't Know	If more than one son, ask: How many of your sons ever have had cancer of any kind?				None	1-20	21 +	Refused	Don't Know				What kind of cancers did your son(s) have? Enter up to 2 kinds. If respondent offers more than 2 kinds, enter "96" in the third answer space. Enter N for no more.				Bladder Liver				Blood Lung				Bone Lymphoma				Brain Melanoma				Breast Mouth/Tongue/Lip				Pancreas Esophogas				Gall Bladder Rectum				Kidney				Skin (non-melanoma)				Larynx-Windpipe				Skin-don't know what kind				Leukemia				Soft Tissue (muscle/fat)				Stomach				Testis				Throat-Larnyx				Thyroid				Colon				Prostrate				Other				More than 3 kinds				Refused				Don't Know								_ Son (Cancer Type 1) _ Son (Cancer Type 2) _ Son (Cancer Type 3) _(N or 96)				How many of your sons have had (Son Cancer Type 1) Cancer				1-20	21+	Refused	Don't Know
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Compilation of Genomics and Family History Questions from other Surveys

		None diagnosed under 50 years	1-20	21+	Refused	Don't Know
		How many of your sons have had (Sons Cancer Type 2) Cancer?				
		1-20	21+	Refused	Don't Know	
		If one son had (Son Cancer Type 2) ask: Was your son under 50 years of age when (Son Cancer Type 2) was diagnosed?				
		Son not under 50 years of age	Son under 50	Refused	Don't Know	
		If two or more son had (Son Cancer Type 2) ask: How many of these sons were under 50 years of age when (Sons Cancer Type 2) was first diagnosed?				
		None diagnosed under 50 years	1-20	21+	Refused	Don't Know
Family History of Cancer: Daughters		How many BIOLOGICAL DAUGHTERS do you have? Please include any daughters who are alive and those that have died.				
		No daughters	1-20	21+	Refused	No biological daughters Don't Know
		If only one daughter, ask: Did your daughter ever have cancer of any kind?				
		Daughte has not had any kind of cancer	Daughten has had cancer	Refused	Don't Know	
		If more than one daughter, ask: How many of your daughters ever have had cancer of any kind?				
		None	1-20	21+	Refused	Don't Know
		What kind of cancers did your daughter (s) have? Enter up to 2 kinds. If respondent offers more than 2 kinds, enter "96" in the third answer space. Enter N for no more.				
		Bladder	Liver Stomach			
		Blood	Lung Bone			
		Lymphoma	Throat-Larynx Brain			
		Melanoma	Thyroid Breast			
		Mouth/Tongue/Lip	Uterus Cervix			
		Ovary	Colon Rectum			
		Pancreas	Esophogas Other			
		Kidney	Gall Bladder	More than 3 kinds		
		Larynx-Windpipe	Skin (non-melanoma)	Don't Know		
		Leukemia	Skin-don't know what kind Refused			
		Soft Tissue (muscle/fat)				
		_ Daughter (Cancer Type 1) _ Daughter (Cancer Type 2) _ Daughter (Cancer Type 3) _(N or 96)				
		How many of your daughters have had (Daughter Cancer Type 1) Cancer?				
		1-20	21+	Refused	Don't Know	

Compilation of Genomics and Family History Questions from other Surveys

		If one daughter had (Daughter Cancer Type 1) ask: Was your daughter under 50 years of age when (Daughter Cancer Type 1) was diagnosed?
		Daughter not under 50 years of age Daughter under 50 Refused Don't Know
		If two or more daughter had (Daughter Cancer Type 1) ask: How many of these daughters were under 50 years of age when (Daughter Cancer Type 1) was first diagnosed?
		None diagnosed under 50 years 1-20 21+ Refused Don't Know
		How many of your daughters have had (Daughter Cancer Type 2) Cancer?
		1-20 21+ Refused Don't Know
		If one daughter had (Daughter Cancer Type 2) ask: Was your daughter under 50 years of age when (Daughter Cancer Type 2) was diagnosed?
		Daughter not under 50 years of age Daughter under 50 Refused Don't Know
		If two or more daughters had (Daughter Cancer Type 2) ask: How many of these daughters were under 50 years of age when (Daughter Cancer Type 2) was first diagnosed?
		None diagnosed under 50 years 1-20 21+ Refused Don't Know
California Health Interview Survey (2005)		
Topic	Disease(s)	Questions
Family History of Cancer	Cancer	These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters. First, have any of your grandparents ever had cancer of any kind? <i>[If needed say: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as stepfather or stepsister, or family members who were adopted."]</i>
		Yes No Refused Don't Know
Family History of Cancer		Have any of your parents' brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind?
		Yes No Refused Don't Know
Family History of Cancer		Has your father or mother, or any have any of your {brothers or sisters, sisters/brothers, sisters, sons or daughters} ever had cancer of any kind?
		Yes No Refused Don't Know
Family History of Cancer: Female Relatives	Breast, Ovarian, Uterine, Colon/Rectal Cancer	Now please think about your female relatives that have had cancer. By female relatives I mean mother, grandmother, aunts, {and} sisters, {and daughters}. Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?
		Yes No Refused Don't Know
Family History of Cancer: Female Relatives	Breast, Ovarian, Uterine, Colon/Rectal Cancer	Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum? Was it your . . .
		Grandmother(s) Aunt(s) Mother Sister(s) Daughter(s) Refused Don't Know
Family History of Cancer: Maternal & Paternal Grandmothers	Breast, Ovarian, Uterine, Colon/Rectal Cancer	Is the grandmother on your mother's or father's side or both?
		Mother's Mother Father's Mother Both Grandmothers Refused Don't Know
		{First tell me about your mother's mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum? (probe "any others?")

Compilation of Genomics and Family History Questions from other Surveys

		Breast cancer types Know	Ovarian	Uterine/	Colon/	"Female problems"	None of these	Refused	Don't know	endometrial	rectum	
Family History of Cancer: Maternal & Paternal Grandmothers cont.	Breast, Ovarian, Uterine, Colon/Rectal Cancer	{Were any of these diagnoses before age 50?} Was her diagnosis before the										
		Yes	No	Refused	Don't Know							
		Which of these cancers were diagnosed before age 50?										
		Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused			
		Now tell me about your father's mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum? (probe "any others?")										
		Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused			
		Which of these cancers were diagnosed before age 50?										
		Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused			
Family History of Cancer: Aunts	Breast, Ovarian, Uterine, Colon/Rectal Cancer	Is the aunt or aunts you mentioned on your mother's side, father's side, or both?										
		Mother's side	Father's side	Both sides	Refused	Don't Know						
		How many of your mother's sisters had cancer of the breast, ovary, uterus, colon, or rectum?										
		_Number of aunts	Refused	Don't Know								
		{Did she have cancer of the breast, ovary, uterus, cole Thinking about the (youngest, next youngest) of your colon, or rectum?										
		Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused			
		{Were any of the diagnoses before age 50?} Was her diagnosis before age ! Yes No Refused Don't Know										
		Which of these cancers were diagnosed before age 50?										
Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused					
How many of your father's sisters had cancer of the breast, ovary, uterus, colon, or rectum? _Number of aunts Refused Don't Know												
Family History of Cancer: Aunts cont.	Breast, Ovarian, Uterine, Colon/Rectal Cancer	{Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest, next youngest) of your mother's sisters, did she have cancer of the breast, ovary, uterus, colon, or rectum?										
		Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused			
		{Were any of the diagnoses before age 50?} Was her diagnosis before age 5 Yes No Refused Don't Know										
		Which of these cancers were diagnosed before age 50?										
		Breast	Ovarian	Uterine/endometrial	Colon/rectum	Female problems	None of the cancer types	Don't know	Refused			

Compilation of Genomics and Family History Questions from other Surveys

Family History of Cancer: Mother	Breast, Ovarian, Uterine, Colon/Rectal Cancer	Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?
		Breast Ovarian Uterine/endometrial Colon/rectum Female problems None of the cancer types Don't know Refused
		{Were any of the diagnoses before age 50?} Was her diagnosis before age 5 Yes No Refused Don't Know
		Which of these cancers were diagnosed before age 50?
Family History of Cancer: Sisters	Breast, Ovarian, Uterine, Colon/Rectal Cancer	How many of your sisters had cancer of the breast, ovary, uterus, colon, or rec _Number of sisters Refused Don't Know
		{Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest, next youngest) of your sisters, did she have cancer of the rectum?
		Breast Ovarian Uterine/endometrial Colon/rectum Female problems None of the cancer types Don't know Refused
		{Were any of the diagnoses before age 50?} Was her diagnosis before age 5 Yes No Refused Don't Know
		Which of these cancers were diagnosed before age 50?
		Breast Ovarian Uterine/endometrial Colon/rectum Female problems None of the cancer types Don't know Refused
Family History of Cancer: Sisters cont.	Breast, Ovarian, Uterine, Colon/Rectal Cancer	Was this sister a full-sister, a half-sister on your father's side, or a half-sister on your mother's side?
		Full Half on Fathers Half on Mothers Refused Don't know
Family History of Cancer: Daughters	Breast, Ovarian, Uterine, Colon/Rectal Cancer Colon/Rectal Cancer	How many of your daughter's had cancer of the breast, ovary, uterus, colon, or rectum?
		_Number of daughters Refused
		{Did she have cancer of the breast, ovary, uterus, colon, or rectum?}
		Thinking about the (youngest, next youngest) of your daughters, did she have cancer of the breast, ovary, uterus, colon, or rectum?
		Breast Ovarian Uterine/endometrial Colon/rectum Female problems None of the cancer types Don't know Refused
		{Were any of the diagnoses before age 50?}
		Yes No Refused Don't Know
		Which of these cancers were diagnosed before age 50?
		Breast Ovarian Uterine/endometrial Colon/rectum Female problems None of the cancer types Don't know Refused
Family History of Cancer: Male Relatives	Prostrate, Colon/Rectal, Breast Cancer	Now I'll ask about your male relatives. By male relatives, I mean your father, grandfathers, uncles, {and} brothers {and} sons
		Have any of your male relatives been diagnosed with cancer of the prostrate, colon, rectum, or breast?
		Yes

Compilation of Genomics and Family History Questions from other Surveys

		Which of your male relatives were diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your . . .
		Grandfather(s) Father Uncles Brothers Sons Refused Don't Know
Family History of Cancer: Maternal and Paternal Grandfathers	Prostate, Colon/Rectal, Breast Cancer	Is the grandfather on your mother's or father's side or both?
		Mother's Father
		{First tell me about your mother's father.} Did he have cancer of the prostate, colon, rectum, or breast?
		Prostate Colon/rectal Breast None of these types Refused Don't Know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Don't Know Refused
Topic	Disease(s)	Questions
Family History of Cancer: Maternal	Prostate, Colon/Rectal, Breast Cancer	Which of these cancers were diagnosed before age 50?
		Prostate Colon/rectal Breast None of these types Refused Don't Know
		Now tell me about your father's father. Did he have cancer of the prostate, colon, rectum, or breast?
		Prostate Colon/rectal Breast None of these types Refused Don't Know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Don't Know Refused
Family History of Cancer: Uncles	Prostate, Colon/Rectal, Breast Cancer	Is the uncle or uncles you mentioned on your mother's side, your father's side or on both sides?
		Mother's side Father's side Both sides
		How many of your mother's brothers had cancer of the prostate, colon, rectum, or breast?
		Number of Uncles Refused Don't Kknow
		{Did he have cancer of the prostate, colon, rectum, or breast?}
		Prostate Colon/rectal Breast None of these types Refused Don't Know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Don't Know Refused
		Which of these cancers were diagnosed before age 50?
Prostate Colon/rectal Breast None of these types Refused Don't Know		
Family History of Cancer:	Prostate, Colon/Rectal,	{Did he have cancer of the prostate, colon, rectum, or breast?}

Compilation of Genomics and Family History Questions from other Surveys

Uncles cont.	Breast Cancer	Now thinking of the {youngest/next youngest} of your father's brothers who had cancer did he have cancer of the
		prostrate, colon, rectum, or breast?
		Prostrate Colon/ rectal Breast None of these cancer types Refused Don't know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Refused Don't Know
		Which of these cancers were diagnosed before age 50?
		Prostrate Colon/ rectal Breast Refused Don't know
Family History of Cancer: Father	Prostrate, Colon/Rectal, Breast Cancer	Did your father have cancer of the prostrate, colon, rectum, or breast?
		Prostrate Colon/ rectal Breast None of these cancer types Refused Don't know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Refused Don't Know
		Which of these cancers were diagnosed before age 50?
		Prostrate Colon/ rectal Breast Refused Don't know
Family History of Cancer: Brothers	Prostrate, Colon/Rectal, Breast Cancer	How many of your brothers had cancer of the prostrate, colon, rectum, or breast?
		_Number of brothers Refused Don't Know
		{Did he have cancer of the prostrate, colon, rectum, or breast?}
		Now thinking of the {youngest/next youngest} of your brothers who had cancer did he have cancer of the prostrate,
		colon, rectum, or breast?
		Prostrate Colon/ rectal Breast None of these cancer types Refused Don't know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Refused Don't Know
		Which of these cancers were diagnosed before age 50?
		Prostrate Colon/ rectal Breast Refused Don't know
		Was this a full-brother, a half-brother on your father's side, or a half-brother on your mother's side?
Full Half on father's Half on mother's Refused Don't Know		
Family History of Cancer: Sons	Prostrate, Colon/Rectal, Breast Cancer	How many of your sons had cancer of the prostrate, colon, rectum, or breast? _Number of sons Refused Don't Know {Did he have
		cancer of the prostrate, colon, rectum, or breast?} Now thinking of the {youngest/next youngest} of your sons who had cancer did he have
		cancer of the prostrate, colon, rectum, or breast?
		Prostrate Colon/rectal Breast None of these types Refused Don't Know
		{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
		Yes No Refused Don't Know

Compilation of Genomics and Family History Questions from other Surveys

		Which of these cancers were diagnosed before age 50?
		Prostate Colon/rectal Breast None of these types Refused Don't Know
Oregon Department of Human Services (2005 PRAMS)		
Topic	Disease(s)	Questions
Gestational Diabetes	Diabetes (Gestational)	1. Have you ever been told by a health care provider that you had <i>diabetes (high blood sugar)</i> during any of your pregnancies? A health care provider may include a doctor, nurse, or other health care worker. Y/N
Diabetes	Diabetes	2. Have you ever been told by a health care provider that you had <i>diabetes (high blood sugar)</i> when you were not pregnant? Yes No
Family History of Diabetes	Diabetes	3. Have any of your family members ever been told by a health care provider that they had <i>diabetes (high blood sugar)</i> ? For each family member, circle Y (Yes) if they were told that they had diabetes or circle N (No) if they were not told.
		Your two-year-old Y/N
		Your two-year-old's father Y/N
		Your two-year-old's brothers or sisters (including half brothers and sisters) Y/N
		Your mother Y/N
		Your father Y/N
		Your brothers or sisters Y/N
Asthma	Asthma	4. Have you ever been told by a health care provider that you had <i>asthma</i> ? Yes No
Family History of Asthma	Asthma	5. Have any of your family members ever been told by a health care provider that they had <i>asthma</i> ? For each family member, circle Y (Yes) if they were told that they had asthma or circle N (No) if they were not told.
		Your two-year-old Y/N
		Your two-year-old's father Y/N
		Your two-year-old's brothers or sisters (including half brothers and sisters) Y/N
		Your mother Y/N
		Your father Y/N
		Your brothers or sisters Y/N
Michigan Department of Community Health (Diabetes, Osteoporosis, Arthritis Behavioral Risk Factor Survey 2005)		
Topic	Disease(s)	Questions
Family History of Osteoporosis	Osteoporosis	Now I am going to ask you questions about your biological or blood grandparents, parents, brothers, and sisters, including both those living and those deceased. I. To the best of your knowledge, were any of these biological or blood relatives ever told they had osteoporosis by a doctor, nurse, or other health care provider. <i>Interviewer: If necessary, probe with: Remember we are thinking of your grandparents, parents, brothers, and sisters.</i>
		Yes Adopted No Refused

Compilation of Genomics and Family History Questions from other Surveys

Collection of Family History of Osteoporosis	Osteoporosis	2. Has your doctor, nurse, or other health care provider collected information from you about your family history of osteoporosis?
		Yes No Don't Know Refused Not applicable
Family History of Diabetes	Diabetes	3. To the best of your knowledge, were any of those relatives ever told they had diabetes (or "sugar") by a doctor, nurse, or other health care provider? <i>Interviewer: If necessary, probe with: Remember, we are thinking of your biological blood grandparents, parents, brothers, sisters and children both those living and deceased.</i>
		Yes No Don't Know Refused Not applicable
Family History of Diabetes < 20	Diabetes	4. Were any of those relatives told they had diabetes before they were 20 years old by a doctor, nurse, or other health care professional?
		Yes No Don't Know Refused Not applicable
Family History of Diabetes >20	Diabetes	5. Were any of these relatives told they had diabetes when they were 20 years old or older by a doctor, nurse, or other healthcare provider?
		Yes No Don't Know Refused Not applicable
Collection of Family History of Diabetes	Diabetes	6. Has your doctor, nurse, or other healthcare provider collected information from you about your family history of diabetes?
		Yes No Don't Know Refused Not applicable
Risk Assessment Based on Family History of Diabetes	Diabetes	7. Have you and your health care provider ever discussed your risk of diabetes, based on your family history?
		Yes No Don't Know Refused Not applicable
Recommendations based on Family History of Diabetes	Diabetes	8. Based on your family history risk, has your health care provider made any recommendations?
		Yes No Don't Know Refused Not applicable
Utah Department of Health (2007 YRBS)		
Topic	Disease(s)	Questions
Education about Family History	Multiple	1. Have you had lessons about genetics that discussed the relationship between family history and development of certain diseases such as heart disease, diabetes, asthma, or cancer? A. Yes B. No C. Not sure
Perceived Risk Based on Family History	Multiple	2.If your parents, grandparents, or siblings had heart disease, diabetes, asthma, or cancer, would you have an increased risk of developing the disease?
		A. Definitely yes B. Probably yes C. Probably not D. Definitely not
Perceived Effect of Behavior Change on Family History Risk of Disease	NA	3.If you had a family history of a disease such as heart disease, diabetes, or cancer, would changing your behaviors such as not smoking, exercising more, getting early or regular checkups for the disease, or eating a healthy diet, decrease your chance of getting the disease?
		A. Definitely yes B. Probably yes C. Probably not D. Definitely not
Interest in Learning About Family History	NA	4. Would you be interested in learning more about your personal healthfamily history? A. Definitely yes B. Probably yes C. Probably not D. Definitely not