

**Supplementary Material S1. Primary Screening Questionnaire (Translated from Brazilian Portuguese)**

**Primary Screening Questionnaire**

**Patient name:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**ID number:** \_\_\_\_\_

**City and state:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Q1) Did you have cancer before age 50?**

Yes. What age? \_\_\_\_\_

No

**Q2) Are there among your close family members (parents, siblings, children, grandparents and uncles/aunts) any case of:**

**Breast cancer before age 50:**       Yes       No

**Bowel cancer before age 50:**       Yes       No

**Ovarian cancer before age 50:**       Yes       No

**Q3) Are there, among your close relatives (parents, siblings, children, grandparents and uncles/aunts), 3 or more cases of cancer before the age of 50?**

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