

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?
