METROPOLITAN NEW YORK REGISTRY

PERSONAL HISTORY PROXY QUESTIONNAIRE

Please fill out this questionnaire to the best of your knowledge to help us complete information on your relative.

Please try to complete all questions in this questionnaire before returning it to the Registry Coordinator. Thank you.

If you have any questions, please call the

Registry Coordinator _____

at tel. #_____

FOR OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: ____/___/___

For person completing this form, please indicate:

Relation to deceased/incapacitated subject: |____|____|____|

Describe relationship: _____

If a Registry participant, Subject ID: |___|___|___|___|___|- |___|___|___|

Gender: (0=male, 1=female) |____| gender

- o BI
- o CPMC
- o MSKCC
- o MSMC
- o NYU
- o SMC

For deceased/incapacitated subject, please indicate:

Site ID: |____|____|____|

Family ID: |____|____|____|____|____|____|

Subject ID: |____|____|___|____|____|- |____|____|____|

MARKING INSTRUCTIONS

Please use only No. 2 lead pencil to complete this form.

- Do **NOT** use ink or ballpoint pens.
- Fill in the circle completely, staying with in the circle.

CORRECT MARK	INCORRECT MARK
○ ● ○	○ ○ ✓

- Erase cleanly any answer you wish to change.
- Do not make any stray marks in this booklet.

MARKING EXAMPLE

Example: If your age is 46, you would answer the following question like this:

A-1. How old are you?

Write numbers in the boxes

0	4	6

Age

● ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ● ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ● ⑦ ⑧ ⑨

↑ Then fill in the matching ovals for each box

Please note: Sometimes you may be asked to write in numbers in boxes and/or within a space provided. **It is important to keep handwriting within the space provided.**

PLEASE BEGIN QUESTIONNAIRE ON THE FOLLOWING PAGE
IF YOU HAVE QUESTIONS, PLEASE CALL YOUR REGISTRY COORDINATOR

A. General Information

A-1. Is the relative for whom you are completing this form deceased?

○ No

○ Yes

A-2. If deceased, how old was your relative when she/he died?

⓪ ① ○ ○ ○ ○ ○ ○ ○ ○

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐☐ Age

Then fill in the matching ovals for each box.

Write the numbers in the boxes.

A-3. What is/was her/his date of birth?

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Month →	○	○	○	○	○	○	○	○	○	○	○	○

⓪ ① ② ③ ○ ○ ○ ○ ○ ○

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Day ☐☐

⑧ ⑨

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

1☐☐☐

Year

A-4. Was/is your relative a:

Male	Female
①	②

A-5. How tall was/is she/he?

④ ⑤ ⑥ ⑦

☐ Feet

⓪ ① ○ ○ ○ ○ ○ ○ ○ ○

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐ Inches

A-6. What is/was your relative's adult lifetime average weight?

A-7. What is the highest level of education she/he completed?

- O Less than 8 years
- O 8 to 11 years (without graduation)
- O High school graduation
- O Vocational or technical school
- O Some college or university
- O Bachelor's degree
- O Graduate degree

A-8. At the present time (if living)/ At their time of death was he/she:

- O Married or living as married (with a partner)
- O Widowed
- O Divorced
- O Separated
- O Never married

B. Ethnic and Religious Background

B-1. Please mark the religious group in which she/he was raised:

- O Buddhist
- O Catholic
- O Eastern Orthodox
- O Hindu
- O Jewish, Ashkenazi
- O Jewish, Sephardic
- O Jewish, other/uncertain
- O LDS or Mormon
- O Muslim
- O Protestant
- O Seventh Day Adventist
- O None
- O Other *Please specify* _____

B-2. **From which country was she/he, her/his parents and her/his grandparents?**

	Country	Don't Know
Your Relative		O
Her/His mother		O
Her/His father		O
Her/His mother's mother		O
Her/His mother's father		O
Her/His father's mother		O
Her/His father's father		O

B-3. **What is her/his ethnic or racial background?** *(Mark all that apply.)*

- O Black/African American
- O Cambodian
- O Chinese
- O Hispanic/Latino
- O Japanese
- O Korean
- O Laotian
- O Native American (e.g. Indian, Inuit)
- O South Asian (e.g. East Indian, Pakistani, Bangladeshi)
- O Vietnamese
- O White/Caucasian
- O Other, please specify _____
- O Don't know

C. Medical History

C-1. Did a doctor ever tell your relative that she/he had cancer, leukemia or a malignant tumor?

No ○ Don't Know ○ Yes ○

C-1.1 What was the first type of cancer?_____ ○ Don't know *(Go to C-2.1)*

C-1.2 How old was she/he when this was *first* diagnosed?

⓪ ① ○ ○ ○ ○ ○ ○ ○ ○
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐☐ Age

C-1.3 When and where were they treated? (Please complete as much of this as you know or can find out)

Dr.(s) _____ month/yr. _____/_____

Hosp: _____

Street Address: _____

City: _____ State: _____

C-2.1 What was the second type of cancer?_____ ○ Don't know *(Go to next page)*

C-2.2 How old was she/he when this was first diagnosed?

⓪ ① ○ ○ ○ ○ ○ ○ ○ ○
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐☐ Age

C-2.3 When and where was she/he treated? (Please complete as much of this as you know or can find out)

Dr.(s) _____ month/yr. _____/_____

Hosp: _____

Street Address: _____

City: _____ State: _____

Go to next page.

If your relative is deceased, please answer the following questions beginning with C-3.1 below

If your relative is currently living, please skip to next page now.

C-3.1 Did your relative die from cancer?

No ○ Don't Know ○ Yes ○

C-3.2 What type of cancer did your relative die from? _____ ○
(write in the type of cancer if you know it) Don't know

C-3.3 Did your relative expire in a hospital/institution?

No ○ Don't Know ○ Yes ○

C-3.4. What is the physician name and location of the hospital/nursing home/institution in which your relative expired? (Please complete as much of this as you know or can find out)

Dr.(s): _____

Hosp/Instit: _____

Street Address: _____

City: _____ State: _____

C-3.4 Was an autopsy performed?

No ○ Don't Know ○ Yes ○

go to next page

Please continue on next page

D. Exposures

D-1. Did your relative ever consume any alcoholic beverages, such as beer, wine, or liquor *regularly* (at least once per week for 6 months or longer)?

No	Yes
○	○

D-2. Was there ever a time when she/he smoked cigarettes regularly (at least one cigarette a day for 3 months or longer)?

No	Yes
○	○

If you are completing this questionnaire for a female relative,

PLEASE CONTINUE ON NEXT PAGE WITH SURGICAL HISTORY

If you are completing this questionnaire for a male relative who has had breast cancer,

PLEASE CONTINUE ON NEXT PAGE WITH SURGICAL HISTORY

If you are completing this questionnaire for a male relative who never had breast cancer,

PLEASE STOP HERE.

Thank you for your time and consideration.
Please return this to your Registry Coordinator.

E. Surgical History

E-1. Has she/he ever had surgery related to breast disease (mastectomy, lumpectomy or biopsy)?

A mastectomy is the complete removal of a breast. A lumpectomy is the removal of a portion of the breast. A biopsy is the removal of tissue for the purpose of making a diagnosis. Please do not include fine needle aspiration biopsies.

No ○ Yes →

E-1.1 The first time she/he had breast surgery, which breast was operated on?

Left breast ○ Right breast ○

E-1.2 Where and when was this surgery performed? (Please complete as much of this as you know or can find out.)

Dr.(s):_____ Month/Year? _____

Hosp: _____

Addr: _____

City: _____ State:_____

E-1.3 Was this surgery a biopsy?

Don't know ○ No ○ Yes ○ →

E-1.4 What was the outcome of this biopsy?

- ○ Benign (non-cancerous) lump, tumor or cyst
- ○ Malignant (cancerous) tumor
- ○ Don't know

E-1.5 Was this surgery a lumpectomy or mastectomy?

Don't know ○ No ○ Lumpectomy ○ → Mastectomy ○ →

F-1.6 Why was this surgery performed?

- ○ To remove cancerous (malignant) breast tissue
- ○ To remove breast tissue to prevent possible future disease (prophylactic surgery)
- ○ Don't know

E-1.7 How old was she/he when she/he had this operation?

⓪	①	○	○	○	○	○	○	○	○
⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

☐☐☐ Age

skip to top of page 9

E-2. Has she/he had a second surgery on her/his breast?

No ○ Yes ○

E-2.1 The second time she/he had breast surgery, which breast was operated on?

Left breast ○ Right breast ○

E-2.2 Where and when was this surgery performed? (Please complete as much of this as you know or can find out.)

Dr.(s):_____ Month/Year? _____

Hosp: _____

Addr: _____

City: _____ State:_____

E-2.3 Was this surgery a biopsy?

Don't know ○ No ○ Yes ○

E-2.4 What was the outcome of this biopsy?

- ○ Benign (non-cancerous) lump, tumor or cyst
- ○ Malignant (cancerous) tumor
- ○ Don't know

E-2.5 Was this surgery a lumpectomy or mastectomy?

Don't know ○ No ○ Lumpectomy ○ Mastectomy ○

E-2.6 Why was this surgery performed?

- ○ To remove cancerous (malignant) breast tissue
- ○ To remove breast tissue to prevent possible future disease (prophylactic surgery)
- ○ Don't know

E-2.7 How old was she/he when they had this operation?

⓪	①	○	○	○	○	○	○	○	○
⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

☐☐☐ Age

E-2.8 How many surgeries has she/he had on her/his breast in total?

⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

☐☐ Number of Surgeries

Please go to next page

If you are completing this questionnaire for a ***female relative,***

PLEASE CONTINUE ON NEXT PAGE WITH MORE SURGICAL HISTORY

If you are completing this questionnaire for a ***male relative,***

PLEASE STOP HERE.

Thank you for your time and consideration.

Please return this to your Registry Coordinator.

E. Surgical History (continued) FOR FEMALE RELATIVES ONLY

E-3. Did she ever have an ovary removed?

No ○ Yes ○

E-3.1 The first time she had an ovary removed, which ovary was operated on?

Left Ovary ○ Right Ovary ○ Both Ovaries ○

E-3.2 Where and when did she have this surgery performed? *(Please complete as much of this as you know or can find out.)*

Dr(s)._____ Month/Year?_____

Hospital:_____

Addr: _____

City:_____ State:_____

E-3.3 How old was she when she had this operation?

⓪ ① ○ ○ ○ ○ ○ ○ ○ ○

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐☐ Age

E-4.1 The second time she had an ovary removed, which ovary was operated on?

Left Ovary ○ Right Ovary ○

E-4.2 Where and when did she have this surgery performed? *(Please complete as much of this as you know or can find out.)*

Dr(s)._____ Month/Year?_____

Hospital:_____

Addr: _____

City:_____ State:_____

E-4.3 How old was she when she had this operation?

⓪ ① ○ ○ ○ ○ ○ ○ ○ ○

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐☐ Age

E-4.4 How many surgeries has she had on her ovaries in total?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐ Number of Surgeries

Go to next page.

F. Reproductive History

F-1.Did she ever use hormonal contraceptives in the form of birth control pills, implants or injections for any reason other than menopause?

No	Don't Know	Yes
○	○	○

F-2.Was she ever pregnant? ***Please include live births, stillbirths, miscarriages, ectopic/tubal pregnancies, and induced abortions.***

No	Yes
○	○

if no, skip to F-2.7 on next page

F-2.1 How many pregnancies did she have?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐ Number

F-2.2 How many live births did she have? ○ **None**

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐ Number

If she had no LIVE birth please go to F-2.7,next page

F-2.3 How old was she when she had her *first* live birth ?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐ Age

F-2.4 How old was she when she had her *last* live birth?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

☐☐ Age

F. Reproductive History (continued)

F-2.5 Did she ever breast feed a child for one month or more?

No ○ Yes ○ Don't Know ○

F-2.6 Did she ever take DES to maintain a pregnancy?

No ○ Yes ○ Don't Know ○

F-2.7 Did she ever have a problem with infertility, or tried to become pregnant for a year or more and could not?

No ○ Yes ○ Don't Know ○

G. Menopause and Hormone Replacement Therapy

G-1. Did she ever take estrogen, progestin, or other female hormones for menopause? The preparation may be pills, injections/shots, skin patches, vaginal creams, or vaginal suppositories. Please do not include any hormones taken for birth control purposes, such as oral contraceptives.

No ○ Yes ○ Don't Know ○

PLEASE CHECK THAT YOU HAVE COMPLETED ALL QUESTIONS IN THIS QUESTIONNAIRE BEFORE RETURNING TO YOUR REGISTRY COORDINATOR

Thank you for your time and consideration.
Please return this to your Registry Coordinator.