

You have been asked to complete this questionnaire because you informed the Registry that you had been treated for cancer of the breast. Please answer the following questions with reference to the **FIRST TIME** you were diagnosed with cancer of the breast:

1. At the time this cancer was **first** diagnosed, were you informed that the cancer was located (please fill in the circle for all that apply)

Only in the breast

In the breast and lymph node

Spread to other sites besides the breast and lymph node

In a previous questionnaire, you informed the Registry of whether or not you had surgery on your breast and if you did, the type of surgery that you had. The following questions will inform the Registry about **other** treatments that you had.

1.1. Were you treated with radiation for this breast cancer?

No

Yes



1.1.1. Mark all that apply

- radiation to the breast after lumpectomy
- radiation to the chest after mastectomy
- other

1.2. Were you treated with hormonal therapy, such as Tamoxifen, for this breast cancer?

No

Yes



1.2.1 List hormonal medicine(s) if known

1. _____
2. _____
3. _____
4. _____
5. _____

1.3. Did you have chemotherapy for this breast cancer?

No

Yes



1.3.1. List chemotherapy medications if known

1. _____
2. _____
3. _____
4. _____
5. _____

1.4. Did you receive other types of treatment for this breast cancer, such as bone marrow transplant or immune therapy?

- No Yes
 →

1.4.1 Please explain in the space provided (please write neatly):

1.5. Has the cancer come back (recurred) after the treatments listed above?

- No Yes
 →

Please indicate the site of recurrence below:

<input type="radio"/> same breast	<input type="radio"/> lymph nodes
<input type="radio"/> chest/chest wall	<input type="radio"/> bone
<input type="radio"/> liver	<input type="radio"/> lung
<input type="radio"/> brain	<input type="radio"/> other (specify) _____

1.6. Has a second cancer been diagnosed in the opposite breast?

- No Yes
 → *please complete questions in Section 2 - for cancer of the opposite breast*

IF YOU REPORTED TO THE REGISTRY THAT YOU HAD CANCER IN THE OTHER BREAST, SECTION 2 IS ATTACHED FOR YOU TO COMPLETE STARTING ON THE NEXT PAGE

IF NOT, 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.**

SECTION 2. Please answer the following questions with reference to a diagnosis of breast cancer IN THE OPPOSITE BREAST:

2. At the time this cancer was first diagnosed, were you informed that the cancer was located (please fill in the circle for all that apply)

Only in the breast

In the breast and lymph node

Spread to other sites besides the breast and lymph node

In a previous questionnaire, you informed the Registry of whether or not you had surgery on your breast and if you did, the type of surgery that you had. The following questionnaires will inform the Registry about other treatments that you had.

2.1. Were you treated with radiation for this breast cancer?

No

Yes



2.1.1 Mark all that apply

- radiation to the breast after lumpectomy
- radiation to the chest after mastectomy
- other

2.2. Were you treated with hormonal therapy, such as Tamoxifen for this breast cancer?

No

Yes



2.2.1 List hormonal medicine(s) if known

1. _____
2. _____
3. _____
4. _____
5. _____

2.3. Did you have chemotherapy for this breast cancer?

No

Yes



2.3.1. List chemotherapy medications if known

1. _____
2. _____
3. _____
4. _____
5. _____

2.4. Did you receive other types of treatment for this breast cancer, such as bone marrow transplant or immune therapy?

- No Yes
 →

2.4.1 Please explain in the space provided (please write neatly):

2.5. Has the cancer come back (recurred) after the treatments listed above?

- No Yes
 →

Please indicate the site of recurrence below:

<input type="radio"/> same breast	<input type="radio"/> lymph nodes
<input type="radio"/> skin	<input type="radio"/> bone
<input type="radio"/> liver	<input type="radio"/> lung
<input type="radio"/> brain	<input type="radio"/> other (specify) _____

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.**