

	Trkg	Edit	DE 1	DE 2	Other
Date					
Initial					

PARTICIPANT ID:

**NORTHERN CALIFORNIA
BREAST CANCER FAMILY REGISTRY**

**PROXY QUESTIONNAIRE
FEMALE
Living or Deceased**

CENTER ID:

FAMILY ID:

DATE OF DIAGNOSIS:

MO DAY YEAR

INTERVIEWER: _____

DATE OF INTERVIEW:

MO DAY YEAR

STARTING TIME OF INTERVIEW

HR AM 1
MIN PM 2

TYPE OF INTERVIEW:

IN-PERSON 1 PHONE 2

h:\qnaire\femproxy.rv2
11/25/97

SECTION A. BACKGROUND INFORMATION

I would like to begin by asking you some questions about her background.

A1. How old was she (on her last birthday/when she passed away)? AGE

A2. What is her date of birth? MO DAY YEAR

A3. IDENTIFY SEX OF PARTICIPANT MALE 1
FEMALE 2

A4. (Is she currently.../Was she...) Married or living as married 1
Widowed 2
Divorced 3
Separated 4
Never married 5
DK 9

A5. Which of the following choices best describes her race or ethnic background?
(SHOW CARD B, CIRCLE AS MANY AS APPLY)

White, non Hispanic	1	
White, Hispanic		16
African-American or Black, non Hispanic		2
African-American or Black, Hispanic	17	
Native American	3	
Chinese		4
Japanese		5
Filipino		6
Hawaiian		7
Korean	8	
Asian Indian or Pakistani		9
Vietnamese		10

OTHER (SPECIFY) _____

_____ 88

DK 99

A6. In what country was she born? _____

A7. In what country was her mother born? _____

A8. Her mother's mother? _____

A9. Her mother's father? _____

A10. In what country was her father born? _____

A11. Her father's mother? _____

A12. Her father's father? _____

A13. Which of the following religions was she born into? **(SHOW CARD D, READ CHOICES)**

- Protestant 1
- Catholic 2
- Buddhist 3
- Ashkenazi Jewish 4
- Sephardic Jewish 5
- Other or uncertain Jewish 6
- Hindu 7
- Eastern Orthodox 8
- Muslim 9
- Mormon 10
- Seventh Day Adventist 11
- None 12

OTHER (SPECIFY)

_____ 13

DK 99

SECTION B. MEDICAL HISTORY

Now I have some questions about illnesses, surgeries, and mammograms.

B1. Has a doctor ever told her that she had cancer, leukemia or a malignant tumor?

- YES 1
- NO 2 **GO TO C1.**

DK

9 GO TO C1.

IF YES:

	CANCER #1	CANCER #2	CANCER #3
B2. What type of cancer did she have?			
B3. How old was she when this cancer was <u>first</u> diagnosed?			
	AGE	AGE	AGE
B4. In what year was she diagnosed with this cancer?			
B5. In what city and state was she diagnosed?			
B6. What was the name of the hospital or clinic where she was diagnosed?			
B7. What is the address of that hospital or clinic where			

she was diagnosed?			
B8. What is the name of her physician who made the diagnosis?			
PROBE FOR OTHER CANCERS			

SECTION C. SURGERIES AND MAMMOGRAMS

C1. Has she ever had a breast completely removed?

YES 1
 NO 2 GO TO C4.
 DK 9 GO TO C4.

IF YES:

C2. Did she have her right or left breast removed?

RIGHT ONLY 1
 LEFT ONLY 2
 BOTH 3

C3. How old was she when she had her breast(s) removed?

RIGHT AGE
 LEFT AGE

C4. Has she ever had an ovary completely removed?

YES 1
 NO 2 GO TO C7.
 DK 9 GO TO C7.

IF YES:

C5. Did she have one or both ovaries removed?

ONE 1
 BOTH 2
 DK 9

C6. How old was she when she had her ovary(ies) removed?

FIRST OVARY	AGE
SECOND OVARY	AGE

C7. A mammogram is an x-ray examination of the breasts. Has she ever had a mammogram?

YES 1
NO 2 GO TO D1.
DK 9 GO TO D1.

IF YES:

C8. When did she have her most recent mammogram?
MO DAY YEAR

C9. Where did she have her most recent mammogram?

HOSPITAL/CLINIC: _____

CITY: _____

STATE/PROVINCE: _____

COUNTRY: _____

SECTION D. HEIGHT AND WEIGHT

Now I would like to ask you about her height and weight.

D1. How tall (is/was) she? FEET . INCHES

. CMS

D2. What (is her current weight/was her weight)?

. LBS.

. KGS

SECTION E. ALCOHOL

The next 2 questions are about alcohol consumption and cigarette smoking.

E1. Has she ever consumed any alcoholic beverages, such as beer, wine, or liquor at least once a week for 6 months or longer?

YES	1
NO	2
DK	9

SECTION F. SMOKING

F1. Has she ever smoked at least 1 cigarette a day for 3 months or longer?

YES	1
NO	2
DK	9

SECTION G. REPRODUCTIVE HISTORY

The next questions are about use of hormones and pregnancies.

G1. Has she ever used hormonal contraceptives, in the form of birth control pills, implants, or injections?

YES	1
NO	2
DK	9

SECTION H. PREGNANCY HISTORY

H1. Has she ever been pregnant?

YES 1
NO 2 GO TO J1.
DK 9 GO TO J1.

IF YES:

H2. How many pregnancies has she had?

H3. How many live births has she had?

IF NO LIVE BIRTHS, GO TO INTRODUCTION AFTER H6.

H4. How old was she when she had her first live birth? AGE

IF ONLY 1 LIVE BIRTH, GO TO H6.

H5. How old was she when she had her last live birth? AGE

H6. Did she ever breast-feed a child for one month or longer?

YES 1
NO 2
DK 9

SECTION J. MENOPAUSE AND HORMONE REPLACEMENT THERAPY

J1. Has she ever taken 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 oral contraceptives or birth control pills.

YES 1
NO 2
DK 9

SECTION K. TWIN STATUS AND CANCER TRIALS

The next question will complete this interview.

K1. (Is/Was) she a twin?

YES	1
NO	2 END
DK	9 END

IF YES:

K2. Non-identical twins are no more alike physically than ordinary brothers and sisters. Genetically identical twins, on the other hand, have a strong resemblance to each other in height, coloring, features of the face, etc. They look so much alike that people often mistake one for the other, especially during their childhood.

Do you think she and her twin (are/were) identical?

YES	1
NO	2
DK	9

END: Thank you very much for taking the time to complete this interview.

TIME INTERVIEW COMPLETED:

AM	1		
HR	MIN	PM	2

INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS

VERY GOOD		1
GOOD	2	
FAIR		3
POOR		4

2. THE OVERALL QUALITY OF THIS INTERVIEW IS

HIGH QUALITY		1
GENERALLY RELIABLE		2
QUESTIONABLE		3
UNSATISFACTORY		4

3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

YES		1
NO		2

IF YES:

DESCRIBE
