



High Risk Breast Cancer Clinic Treatment Questionnaire

This questionnaire asks for general information about treatment given for your breast or ovarian cancer. Your participation is very important. The information you give, when combined with that of others, will help researchers at the Huntsman Cancer Institute get a better picture of high risk families. You are free to skip any question.

Information you provide in this questionnaire will be treated confidentially and will not be released without your written permission to anyone but the clinical staff and researchers associated with the Huntsman Cancer Institute. Confidential information like your name and address will be stored in secured files accessible only to study staff. Your name will not be used in any reports.

You can return this questionnaire in the pre-addressed, postage-paid envelope provided. Most people find it takes about 15 minutes to complete. If you have any questions about the questionnaire, please call the clinic staff at (801) 585-3525 or toll free at 1-(800) 936-6343.

DIRECTIONS

- Use a pencil.
- Darken the circle completely next to the answer you choose.
- Erase cleanly any marks on this form.
- Do not make any stray marks on this form.
- For questions where you write in a number, write the number in the box provided. Then mark the corresponding circle to the right.

EXAMPLE

Including yourself, what is the total number of persons **CURRENTLY** living in your household?

	→	<input checked="" type="radio"/>	①	②	③	④	⑤	⑥	⑦	⑧	⑨
	→	①	②	③	④	<input checked="" type="radio"/>	⑥	⑦	⑧	⑨	
<i>Write the numbers in the boxes.</i>	05	<i>Then fill in the matching circles above for each box.</i>									

COOPERATIVE FAMILY REGISTRY TREATMENT QUESTIONNAIRE

1. Have you had breast cancer?

- No Yes



If you have had cancer in both breasts, please complete questions 2-9 for the first cancer and 10-17 for the second cancer.

If you answered no, go to Question 18.

2. How old were you when this cancer was FIRST diagnosed?

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

Age

Write the numbers in the boxes. Then fill in the matching circles above for each box.

3. At the time this cancer was diagnosed, was it only in the breast (with or without spread to lymph glands) or had it spread to other sites besides the breast and lymph glands?

- only in the breast, with or without spread to lymph glands
 spread to other sites besides the breast and lymph glands

Questions 4-8 ask about treatment given for the cancer at the time it was first diagnosed. This treatment would usually be given within the first year of the original diagnosis of cancer. Please do not include treatment given for cancer which came back after the original treatment.

4. Did you have surgery for breast cancer?

- No Yes



4.1 Type Mark all that apply

- Lumpectomy (removal of just the cancer)
 Mastectomy (removal of the entire breast)

5. Did you have radiation for this breast cancer?

- No Yes



5.1 Type Mark all that apply

- Radiation to the breast after lumpectomy
 Radiation to the chest after mastectomy
 Other _____

6. Did you have hormonal therapy such as Tamoxifen for this breast cancer?

No Yes



6.1 List medicine(s) if known

Don't know

7. Did you have chemotherapy for this breast cancer?

No Yes



7.1 List medicine(s) if known

Don't know

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

No Yes



8.1 Use space below to explain

Don't know

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

No Yes



9.1 Site of recurrence

- Same breast
- Lymph glands
- Skin
- Bone
- Liver
- Lung
- Brain
- Other _____
- Opposite breast (*Please complete questions 10-17 for the cancer in the other breast.*)

If you have had cancer in the other breast, please complete questions 10-17. If not, go on to question 18.

10. How old were you when the second cancer was FIRST diagnosed?

Write the numbers in the boxes. Then fill in the matching circles above for each box.

Age

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

11. At the time this cancer was diagnosed, was it only in the breast (with or without spread to lymph glands) or had it spread to other sites besides the breast and lymph glands?

- only in the breast, with or without spread to lymph glands
- spread to other sites besides the breast and lymph glands

Questions 12-16 ask about treatment given for the cancer in the second breast. This treatment would usually be given within the first year of the original diagnosis of cancer. Please do not include treatment given for cancer which came back after the original treatment.

12. Did you have surgery for this breast cancer?

- No Yes

12.1 Type Mark all that apply

Lumpectomy (removal of just the cancer)

Mastectomy (removal of the entire breast)

13. Did you have radiation for this breast cancer?

- No Yes

13.1 Type Mark all that apply

Radiation to the breast after lumpectomy

Radiation to the chest after mastectomy

Other _____

14. Did you have hormonal therapy such as Tamoxifen for this breast cancer?

- No Yes

14.1 List medicine(s) if known

Don't know

15. Did you have chemotherapy for this breast cancer?

No Yes



15.1 List medicine(s) if known

Don't know

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

No Yes



16.1 Use space below to explain

Don't know

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

No Yes



17.1 Site of recurrence

- Same breast
- Lymph glands
- Skin
- Bone
- Liver
- Lung
- Brain
- Other _____

18. Have you had ovarian cancer?

No Yes

19. How old were you when this cancer was diagnosed?

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

Age

Write the numbers in the boxes. Then fill in the matching circles above for each box.

20. At the time this cancer was diagnosed, was it

- only in the ovary or ovaries
- spread outside the ovaries

Question 21 asks about treatment given for this cancer at the time it was first diagnosed. This treatment would usually be given within the first year of the original diagnosis of cancer. Please do not include treatment given for cancer which came back after the original treatment.

21. Which of the following treatments did you have for the ovarian cancer at the time it was first diagnosed? Mark all that apply.

- Surgery
- Radiation
- Chemotherapy List medicine(s) if known

Other Use space below to explain.

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

- No
- Yes

Thank you for taking the time to complete this questionnaire.

FOR OFFICE USE ONLY

SUBJECT ID									
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9	9	9	9	9	9	9	9	9	9

RESEARCH CLINIC	
1	HRBCC
2	FCCC
FOLLOW-UP	
1	Phone
2	Mail
3	Clinic
4	Other:
Specify	

DATE RECEIVED		
<input type="radio"/> Jan	DAY	YEAR
<input type="radio"/> Feb		
<input type="radio"/> Mar	0 0	0 0 0 0
<input type="radio"/> Apr	1 1	1 1 1 1
<input type="radio"/> May	2 2	2 2 2 2
<input type="radio"/> June	3 3	3 3 3 3
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<input type="radio"/> Aug	5 5	5 5 5 5
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<input type="radio"/> Oct	7 7	7 7 7 7
<input type="radio"/> Nov	8 8	8 8 8 8
<input type="radio"/> Dec	9 9	9 9 9 9

DATE REVIEWED		
<input type="radio"/> Jan	DAY	YEAR
<input type="radio"/> Feb		
<input type="radio"/> Mar	0 0	0 0 0 0
<input type="radio"/> Apr	1 1	1 1 1 1
<input type="radio"/> May	2 2	2 2 2 2
<input type="radio"/> June	3 3	3 3 3 3
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