

Australian Breast Cancer Family Study

FEMALE PROXY QUESTIONNAIRE

This study is part of the Co-operative Family Registry for Breast Cancer Research, and is funded by the National Institutes of Health (USA), the Australian National Health and Medical Research Council, the Victorian Health Promotion Foundation and the New South Wales Cancer Council.

The University of Melbourne
Genetic Epidemiology Unit
Department of Public Health &
Community Medicine
200 Berkeley Street
Carlton, VIC, 3053

New South Wales Cancer Council
Cancer Epidemiology Research Unit
153 Dowling Street
Woolloomooloo, NSW, 2011

INSTRUCTIONS:

- Use a blue/black biro or pencil, preferably 2B
- Do not use red pen or felt tip pen
- Do not fold or bend
- Erase mistakes fully
- Do not make any stray marks

Please MARK LIKE THIS:



NOT LIKE THIS:



Please write in boxes provided, then fill in the oval corresponding to each column.

EXAMPLE 1:

Postcode:

3	0	3	4
---	---	---	---

EXAMPLE 2:

Q1. How old is she?

0	4	2
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID NUMBER										INTERVIEW DATE				INTERVIEWER		
M										<input type="radio"/>	JAN	<input type="radio"/>	1997			
S										<input type="radio"/>	FEB	<input type="radio"/>	1998			
A										<input type="radio"/>	MAR	<input type="radio"/>	1999			
										<input type="radio"/>	APR	<input type="radio"/>	2000			
										<input type="radio"/>	MAY	<input type="radio"/>	2001			
										<input type="radio"/>	JUN	<input type="radio"/>	2002			
										<input type="radio"/>	JUL	<input type="radio"/>	2003			
										<input type="radio"/>	AUG	<input type="radio"/>	2004			
										<input type="radio"/>	SEP	<input type="radio"/>	2005			
										<input type="radio"/>	OCT	<input type="radio"/>	2006			
										<input type="radio"/>	NOV	<input type="radio"/>	2007			
										<input type="radio"/>	DEC	<input type="radio"/>	2008			

MOTHER'S ID NUMBER										FATHER'S ID NUMBER										SPOUSE'S ID NUMBER									
M										M										M									
S										S										S									
A										A										A									

A. Background Information

The first section asks some questions about her background.

A1. Is she alive or deceased?

- Alive
 Deceased
 Don't know

How old is she? (Age at death if deceased)

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

- Don't know

A3. What was the highest level of education that she completed?

- Primary school (some or all)
 Secondary school - year 7 or year 8
 Secondary school - year 9 or year 10
 Secondary school - year 11 or year 12
 Vocational training (e.g. technical college, business college, nursing)
 University - did not graduate
 University - graduated
 Don't know

A4. Is she currently . . . ?

- Married
 Widowed
 Never married
 Living as married
 Separated
 Divorced
 Don't know

A2. What is her date of birth?

	<input type="radio"/> JAN		
	<input type="radio"/> FEB		
0	0	<input type="radio"/> MAR	<input type="radio"/> 18 <input type="radio"/> 0
1	1	<input type="radio"/> APR	<input type="radio"/> 19 <input type="radio"/> 1
2	2	<input type="radio"/> MAY	<input type="radio"/> 20 <input type="radio"/> 2
3	3	<input type="radio"/> JUN	<input type="radio"/> 0
4	4	<input type="radio"/> JUL	<input type="radio"/> 4
5	5	<input type="radio"/> AUG	<input type="radio"/> 5
6	6	<input type="radio"/> SEP	<input type="radio"/> 6
7	7	<input type="radio"/> OCT	<input type="radio"/> 7
8	8	<input type="radio"/> NOV	<input type="radio"/> 8
9	9	<input type="radio"/> DEC	<input type="radio"/> 9

- Don't know day
 Don't know month
 Don't know year

A5. In which suburb or town does she usually live?

Postcode:

--	--	--	--

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

- Don't know

If deceased, what was her date of death?

	<input type="radio"/> JAN		
	<input type="radio"/> FEB		
0	0	<input type="radio"/> MAR	<input type="radio"/> 18 <input type="radio"/> 0
1	1	<input type="radio"/> APR	<input type="radio"/> 19 <input type="radio"/> 1
2	2	<input type="radio"/> MAY	<input type="radio"/> 20 <input type="radio"/> 2
3	3	<input type="radio"/> JUN	<input type="radio"/> 0
4	4	<input type="radio"/> JUL	<input type="radio"/> 4
5	5	<input type="radio"/> AUG	<input type="radio"/> 5
6	6	<input type="radio"/> SEP	<input type="radio"/> 6
7	7	<input type="radio"/> OCT	<input type="radio"/> 7
8	8	<input type="radio"/> NOV	<input type="radio"/> 8
9	9	<input type="radio"/> DEC	<input type="radio"/> 9

- Don't know day
 Don't know month
 Don't know year

A6. In which country was she, her parents and her grandparents born?

	She	Her mother	Her mother's mother	Her mother's father	Her father	Her father's mother	Her father's father
Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Zealand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
England	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ireland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Germany	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Netherlands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Croatia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Africa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
India	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sri Lanka	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philippines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
China	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If she was born in Australia go to question A8.

A7. For how many years has she lived in Australia?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Don't know

A8. In which religion was she, her parents and her grandparents born?

	She	Her mother	Her mother's mother	Her mother's father	Her father	Her father's mother	Her father's father
Protestant/Anglican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Orthodox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latter Day Saints/Mormon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh day Adventist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sephardic Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashkenazi Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other or uncertain Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A9. Which religion does she currently practice?

- Protestant/Anglican
- Eastern Orthodox
- Catholic
- Muslim
- Buddhist
- Hindu
- Latter Day Saints/Mormon
- Seventh Day Adventist
- Sephardic Jewish
- Ashkenazi Jewish
- Other or uncertain Jewish
- None
- Don't know
- Other, specify _____

A10. What is her ethnic background? (Fill in as many as apply)

- White/Caucasian
- Aboriginal/Torres Strait Islander
- Sri Lankan
- Pacific Islander
- Chinese
- Japanese
- Malaysian
- Vietnamese
- Filipino
- Indian
- Pakistani
- Korean
- Maori
- Thai
- Indonesian
- Cambodian
- Don't know
- Other, specify _____

B. Medical History

The next section asks questions about any illnesses she may have had.

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

- Yes
- No (Go to question C1.)
- Don't know (Go to question C1.)

B2. What was the type of cancer and her age when this was FIRST diagnosed?

First cancer

Age

Don't know

Second cancer

Age

Don't know

Third cancer

Age

Don't know

If breast cancer was not reported, go to question C1.

B3. Which breast was affected?

- Right
- Left
- Both
- Don't know

B4. Has she had a diagnosis of cancer in her other breast?

- Yes (see below)
- No
- Don't know

Age when first diagnosed:

Don't know

C. Surgery and Mammograms

The next section asks questions about surgery and mammograms.

C1. Has she ever had a breast completely removed?

Yes, the right breast

Age when removed:

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

Don't know

Yes, the left breast

Age when removed:

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

Don't know

No
 Don't know

C4. Has she ever had one or both ovaries removed? If her ovaries were removed at different times, please give her age at the most recent operation.

Yes, one ovary

Age when removed:

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

Don't know

Yes, both ovaries

Age when removed:

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

Don't know

No
 Don't know

C6. Has she ever had a mammogram (X-ray examination of the breasts)?

Yes
 No (Go to question D1.)
 Don't know (Go to question D1.)

C7. When and where did she have her last mammogram?

<input type="radio"/>	JAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	FEB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	MAR	<input type="radio"/>	18	<input type="radio"/>
<input type="radio"/>	APR	<input type="radio"/>	19	<input type="radio"/>
<input type="radio"/>	MAY	<input type="radio"/>	20	<input type="radio"/>
<input type="radio"/>	JUN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	JUL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	AUG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	SEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	OCT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	NOV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	DEC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Don't know day
 Don't know month
 Don't know year

Clinic: _____

Address: _____

D. Height and Weight

The next section asks about her height and weight.

D1. How tall is she without shoes on?

feet	<input type="text"/>	inches	<input type="text"/>	OR	cms	<input type="text"/>	<input type="text"/>	<input type="text"/>																																															
	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr></table>	0	1	2	3	4	5	6	7		<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9			<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
0	1	2	3	4	5	6	7																																																
0	1	2	3	4	5	6	7	8	9																																														
0	1	2	3	4	5	6	7	8	9																																														
0	1	2	3	4	5	6	7	8	9																																														
0	1	2	3	4	5	6	7	8	9																																														

Don't know

D2. What is her current weight?

stones	<input type="text"/>	pounds	<input type="text"/>	OR	kilos	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																	
	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9		<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9			<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
0	1	2	3	4	5	6	7	8	9																																																
0	1	2	3	4	5	6	7	8	9																																																
0	1	2	3	4	5	6	7	8	9																																																
0	1	2	3	4	5	6	7	8	9																																																
0	1	2	3	4	5	6	7	8	9																																																

Don't know

E. Smoking

The next section asks a question about cigarettes she may have smoked.

E1. Has there ever been a time when she smoked at least one cigarette per day for three months or longer?

- Yes
- No
- Don't know

F. Alcohol

The next section asks about alcoholic beverages that she may have consumed.

F1. Has she ever consumed any alcoholic beverages, such as beer, wine or spirits, at least once a week for six months or longer?

- Yes
- No
- Don't know

G. Reproductive History

This section deals with menstruation, pregnancies and the use of contraceptives.

G3. Has she ever used birth control pills or other hormonal contraceptives (implants or injections)?

- Yes (See below)
- No (Go to question G6.)
- Don't know (Go to question G6.)

Age when first used
birth control pills:

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

- Don't know

G6. Has she ever been pregnant?

- Yes
- No (Go to question J5.)
- Don't know (Go to question J5.)

G7. Has she ever had a full term pregnancy?

- Yes
- No
- Don't know

H. Pregnancy History

This section asks about all the pregnancies she has had, including all livebirths, stillbirths, miscarriages and other outcomes.

H7. How many PREGNANCIES has she had?

Pregnancies:
 Don't know

H10. How old was she when her LAST (live) child was born?

Years of age:
 Don't know

H8. How many LIVE BIRTHS has she had?

Live births:
 Don't know

H11. Did she ever breastfeed a child for one month or more?

- Yes
 No
 Don't know

H9. How old was she when her FIRST (live) child was born?

Years of age:
 Don't know

J. Hormone Replacement Therapy

The next section asks questions about hormone replacement therapy.

J5. Has she ever taken oestrogens, progesterone or other female hormones for menopause? The preparation may be pills, injections, skin patches, vaginal creams or vaginal suppositories. This question does not include oral contraceptive (birth control) pills.

- Yes (See below)
 No (Go to question L1.)
 Don't know (Go to question L1.)

Age when first took hormones:
 Don't know

L. Twin and Other Questions

L1. Is she a twin?

- Yes
- No (Go to question L6.)
- Don't know

L2. Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have such a strong resemblance to each other in stature, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood. Do you think that she and her twin are genetically identical?

- Yes
- No
- Don't know

L6. Do you have any comments, or information that you think we should have asked about?

Thank you for your co-operation.
We may wish to get in touch with you again sometime in the future.

M. Office Use Only

How was this interview conducted?

- Face-to-face
- Mailed self-completed questionnaire
- Telephone
- Other (specify) _____

Proxy relationship

Was the interview conducted with an interpreter?

- Yes
- No

Interview Length (min)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PROXY ID NUMBER

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