Ontario
Familial Breast Cancer Registry

Personal History Questionnaire

This questionnaire is about factors that may relate to a person's risk of developing cancer. Although it is important to have complete data for scientific reasons (that is, we encourage you to answer all questions), we recognize that some areas may be sensitive for some people. If you come to a question that you do not want to answer, it would be helpful to us if you would write "prefer not to answer" beside it and then to continue to answer the remaining questions.

Should you wish to talk to someone about this questionnaire, you may call (416) 946-4409 or 1-800-832-5949.

Please write in your answers where space is provided, or place tick marks in circles ☑

Background Information

1. How old are you? _____ years

2. What is your date of birth? ____ / ____ / ____
   day month year

3. Are you:

   - ○ Male
   - ○ Female

4. What was the highest level of education you completed?

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

5. Are you currently:

   - ○ Married or living as married
   - ○ Widowed
   - ○ Divorced
   - ○ Separated
   - ○ Never married

6. In which country were you, your parents and your grandparents born?

	Country of birth
You	_____
Your mother	_____
Your father	_____
Your mother's mother	_____
Your mother's father	_____
Your father's mother	_____
Your father's father	_____

7. Please tick the religion into which you, your parents and your grandparents were born:

	You	Your Mother	Your Father	Your Mother's Mother	Your Mother's Father	Your Father's Mother	Your Father's Father
Protestant	O	O	O	O	O	O	O
Catholic	O	O	O	O	O	O	O
Buddhist	O	O	O	O	O	O	O
Ashkenazi Jewish	O	O	O	O	O	O	O
Sephardic Jewish	O	O	O	O	O	O	O
Other Jewish	O	O	O	O	O	O	O
Hindu	O	O	O	O	O	O	O
Eastern Orthodox	O	O	O	O	O	O	O
Muslim	O	O	O	O	O	O	O
Mormon	O	O	O	O	O	O	O
Seventh Day Adventist	O	O	O	O	O	O	O
None	O	O	O	O	O	O	O
Other	O	O	O	O	O	O	O
Please specify	_____						
	_____						
Don't know	O	O	O	O	O	O	O

8. Please tick the religion which you currently practice:

- O Protestant
- O Catholic
- O Buddhist
- O Ashkenazi Jewish
- O Sephardic Jewish
- O Other Jewish
- O Hindu
- O Eastern Orthodox
- O Muslim
- O Mormon
- O Seventh Day Adventist
- O None
- O Other

Please specify _____

9. What is your ethnic or racial background? *Please tick as many as apply.*

- O Black
- O White
- O Native (e.g. Indian, Inuit)
- O Chinese
- O Other East Asian (e.g. Japanese, Korean, Vietnamese)
- O South Asian (e.g. East Indian, Pakistani)
- O Other

Please specify _____

- O Don't know

Height and Weight

10. How tall are you?

____ feet ____ inches **or** _____ cm

11. What was your weight one year before your cancer was diagnosed?

____ lb **or** ____ kg

Alcohol

12. Have you ever consumed any alcoholic beverages, such as beer, wine, or spirits, at least once per week, for 6 months or longer?

O Yes

O No → *Please go to # 17*

13. At what age did you **first** start consuming alcohol at least once per week, for 6 months or longer?

_____ years

14. **Before your recent diagnosis of breast cancer,** for how many years in total did you consume alcohol at least once per week?

_____ years

15. **Before your recent diagnosis of breast cancer,** when you consumed alcohol at least once per week, how many drinks did you usually have in a week?

beer (12 oz can or bottle) _____

wine or wine coolers (1 medium glass) _____

liquor (1 shot) _____

16. **Before your recent diagnosis of breast cancer,** were you consuming alcohol at least once per week?

O Yes

O No

At what age did you **stop** consuming alcohol at least once per week?

_____ years

Smoking

17. Have you ever smoked at least 1 cigarette a day for 3 months or longer?

O Yes

O No → *Please go to # 22*

18. At what age did you **first** start smoking at least 1 cigarette per day, for 3 months or longer?

_____ years

19. **Before your recent diagnosis of breast cancer,** for how many years in total had you smoked at least 1 cigarette per day?

_____ years

20. **Before your recent diagnosis of breast cancer,** when you smoked, how many cigarettes did you usually smoke in a day?

_____ cigarettes per day

21. **Before your recent diagnosis of breast cancer,** were you smoking at least 1 cigarette per day?

O Yes

O No

At what age did you **stop** smoking at least 1 cigarette per day?

_____ years

Medical History

22. **Before your recent diagnosis of breast cancer,** has a doctor ever told you that you had **cancer, leukemia or a malignant tumour**?

- ○ Yes → what was the type(s) of cancer? how old were you when this was **first** diagnosed?

  1. _____ _____ years
  2. _____ _____ years
  3. _____ _____ years

- ○ No
- ○ Don't know

Males only:

23. Has a doctor ever told you that you had **prostatic hyperplasia (BPH or enlarged prostate)**?

- ○ Yes → how old were you when this was **first** diagnosed? _____ years
- ○ No
- ○ Don't know

24. Has a doctor ever told you that you had **gynecomastia (enlarged breasts)**?

- ○ Yes → how old were you when this was **first** diagnosed? _____ years
- ○ No
- ○ Don't know

Males: please go to # 66. Females: please continue with # 25.

Females only:

25. Has a doctor ever told you that you had **benign breast disease,** such as **a non-cancerous cyst or breast lump**?

- ○ Yes → how old were you when this was **first** diagnosed? _____ years
- ○ No
- ○ Don't know

26. Has a doctor ever told you that you had **cysts in one or both ovaries**?

- ○ Yes → how old were you when this was **first** diagnosed? _____ years
- ○ No
- ○ Don't know

Surgical History

27. Up until one year before your diagnosis of cancer, had you ever had a breast completely removed?

- ○ Yes, the right breast → at what age was this? _____ years
- ○ Yes, the left breast → at what age was this? _____ years
- ○ No

28. Up until one year before your diagnosis of cancer, had you ever had an ovary completely removed?
If your ovaries were removed at different times, please give your age at the most recent operation.

- ○ Yes, one ovary → at what age was this? _____ years
- ○ Yes, both ovaries → at what age was this? _____ years
- ○ No
- ○ Don't know

29. Have you ever had a breast biopsy or lumpectomy (i.e. breast tissue removed by surgery) that was diagnosed as cancer?

- ○ Yes → at what age was this first done? _____ years
- ○ No
- ○ Don't know

30. Have you ever had a breast biopsy (i.e. breast tissue removed by surgery, **not** by fine needle biopsy) that was diagnosed as being benign breast disease such as a non-cancerous cyst or breast lump?

- ○ Yes → at what age was this first done? _____ years
- ○ No
- ○ Don't know

Breast Examination

31. Have you ever had a mammogram (x-ray examination of the breasts)?

- ○ Yes
- ○ No
- ○ Don't know

When and where did you have your **last** mammogram?

Hospital/clinic: _____ Date: ___ / ___ / ___
day month year

Up until one year before your diagnosis of cancer, in total, how many mammograms did you have? _____

Reproductive History

32. Have you ever had a menstrual period?

- ○ Yes → at what age did you have your **first** menstrual period? _____ years
- ○ No

33. Has a doctor ever told you that you had **primary amenorrhea (failure of menstrual periods to start naturally)**?

- ○ Yes → how old were you when this was **first** diagnosed? _____ years
- ○ No
- ○ Don't know

34. Have you ever used hormonal contraceptives, in the form of birth control pills, implants or injections?

- ○ Yes
- ○ No → *Please go to # 38*
- ○ Don't know → *Please go to # 38*

35. How old were you when you **first** started taking hormonal contraceptives?

_____ years

36. Are you **currently** taking hormonal contraceptives?

- ○ Yes
- ○ No

→ How old were you when you **last** took a hormonal contraceptive?

_____ years

37. **Before your recent diagnosis of breast cancer,** in total, for about how many years did you take hormonal contraceptives?

_____ years

Pregnancy History

38. Have you ever been pregnant?

   O Yes

   O No → *Please go to # 49 on page 12*

39. How many pregnancies have you had? ______

40. How many live births have you had? ______

Please complete questions 44 to 48 for each pregnancy

41. How old were you when you had your **first** live birth?

   ______ years

42. How old were you when you had your **last** live birth?

   ______ years

43. Did you ever breast feed a child for one month or more?

   O Yes

   O No

	1st Pregnancy	2nd Pregnancy	3rd Pregnancy	4th Pregnancy	5th Pregnancy
44. What was the outcome of this pregnancy?	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion
45. On what date did your pregnancy end?	___ / ___ month year	___ / ___ month year	___ / ___ month year	___ / ___ month year	___ / ___ month year

46. How long was this pregnancy?	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months
For live births/ stillbirths only: **47. What was the sex of *each* child delivered from this pregnancy?**	___ number of males ___ number of females	___ number of males ___ number of females	___ number of males ___ number of females	___ number of males ___ number of females	___ number of males ___ number of females
For live births only: **48. Did you breast feed this child?**	O Yes O No → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months	O Yes O No → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months	O Yes O No → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months	O Yes O No → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months	O Yes O No → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months

*If you have had **more than 5** pregnancies, please turn to pages 10 and 11. If not, please go to page 12.*

Pregnancy History (continued)

*If you have had more than 10 pregnancies, please use the blank page at the end of the questionnaire to answer questions 44 to 48 for each **additional** pregnancy.*

	6th Pregnancy	7th Pregnancy	8th Pregnancy	9th Pregnancy	10th Pregnancy
44. What was the outcome of this pregnancy?	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion	O Currently pregnant O Single live birth O Multiple birth O Stillbirth O Miscarriage O Tubal pregnancy O Induced abortion
45. On what date did your pregnancy end?	___ / ___ month year	___ / ___ month year	___ / ___ month year	___ / ___ month year	___ / ___ month year

46. How long was this pregnancy?	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months	O 3 months or under O 4 to 6 months O 7 or more months
For live births/ stillbirths only: **47. What was the sex of *each* child delivered from this pregnancy?**	___ number of males ___ number of females	___ number of males ___ number of females	___ number of males ___ number of females	___ number of males ___ number of females	___ number of males ___ number of females
For live births only: **48. Did you breast feed this child?**	O Yes → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months O No	O Yes → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months O No	O Yes → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months O No	O Yes → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months O No	O Yes → O Under 1 month O 1 to 5 months O 6 to 11 months O 12 to 24 months O Over 24 months O No

Menopause and Hormone Replacement Therapy

49. How long ago was your last period?

- ○ Less than 1 month
- ○ 1 to 6 months
- ○ 7 months to less than 1 year
- ○ 1 year or more
- ○ Never had a period

50. Have your menstrual periods stopped **for one year or more**? (Please do not include times when your periods stopped when you were pregnant or breast feeding, or during serious illness or strenuous exercise.)

- ○ Yes
- ○ No → *Please go to # 53*

51. How old were you when you had your last period before your periods stopped for **one year or more**?

_____ years

52. Why did your periods stop?

- ○ Natural menopause (periods stopped by themselves)
- ○ Surgery or other medical treatment
- ○ Don't know

→ What surgery or other medical treatment did you receive that made your periods stop? *Please tick as many as apply.*

- ○ Hysterectomy (uterus or womb removed)
- ○ Both ovaries removed
- ○ Radiation or chemotherapy
- ○ Other

  Please specify _____

- ○ Don't know

53. Have you ever taken estrogen, progestin, or other female hormones for menopause? The preparation may be pills, injections/shots, skin patches, vaginal creams, or vaginal suppositories. This question does not include oral contraceptive (birth control) pills.

- ○ Yes
- ○ No → *Please go to # 58*
- ○ Don't know → *Please go to # 58*

54. How old were you when you **first** took estrogen, progestin, or other female hormones?

_____ years

55. Were you still having periods when you first took estrogen, progestin or other female hormones?

- O Yes
- O No

56. Are you currently taking estrogen, progestin, or other female hormones?

- O Yes
- O No

→ How old were you when you **last** took estrogen, progestin, or other female hormones?

_____ years

57. **Before your recent diagnosis of breast cancer,** in total, for how many years did you take estrogen, progestin, or other female hormones?

_____ years

58. Have you ever taken a drug for infertility (to try to become pregnant), or because your periods stopped?

- O Yes
- O No → *Please go to # 62*
- O Don't know → *Please go to # 62*

→ Was the drug prescribed for infertility as part of GIFT (gamete intra-fallopian transfer) or IVF (in vitro fertilization) treatment?

- O Yes
- O No

59. How old were you when you **first** started this type of drug?

_____ years

60. **Before your recent diagnosis of breast cancer,** in total, for how many months did you take this type of drug?

_____ months

61. What is (are) the name(s) of the drug(s)?

- O Clomid
- O Pergonal
- O Serophene
- O hCG
- O Other

  Please specify _____
- O Don't know

62. **Before your recent diagnosis of breast cancer,** have you ever taken tamoxifen?

- O Yes
- O No → *Please go to # 66*
- O Don't know → *Please go to # 66*

63. How old were you when you **first** took tamoxifen?

_____ years

64. Are you currently taking tamoxifen?

- O Yes
- O No

→ How old were you when you **last** took tamoxifen?

_____ years

65. In total, for how many years have you taken tamoxifen?

_____ years

66. **Before your recent diagnosis of breast cancer,** were you a participant in a cancer prevention trial?

- O Yes
- O No

→
- O A tamoxifen trial
- O A dietary trial
- O Other

  Please specify _____

Radiation Exposure

For questions 67 to 70, please tick as many answers as apply.

67. **Before your recent diagnosis of breast cancer,** had you ever had any of the following types of **x-ray examinations** that included the chest area?

	Number of x-ray examinations	Age at first x-ray examination
○ X-ray examinations for heart catheterization →	_____	_____ years
○ X-ray examinations for scoliosis →	_____	_____ years
○ Other *Please specify* _____ →	_____	_____ years
○ None		
○ Don't know		

68. **Before your recent diagnosis of breast cancer,** had you ever had any of the following types of **x-ray examinations** that included the lower abdomen or pelvis?

	Number of x-ray examinations	Age at first x-ray examination
○ Barium examination of the lower bowel →	_____	_____ years
○ CT scan or x-ray examinations of the lower spine or pelvis →	_____	_____ years
○ Other *Please specify* _____ →	_____	_____ years
○ None		
○ Don't know		

69. **Before your recent diagnosis of breast cancer,** had you ever been **treated with radiation** that included the chest area for any of the following conditions?

	Number of treatments	Age at first treatment
○ Cancer →	_____	_____ years
○ Acne →	_____	_____ years
○ Mastitis →	_____	_____ years
○ Enlarged thymus gland →	_____	_____ years
○ Tuberculosis (fluoroscopic x-rays) →	_____	_____ years
○ Hemangioma →	_____	_____ years
○ Other *Please specify* _____ →	_____	_____ years
○ None		
○ Don't know		

70. **Before your recent diagnosis of breast cancer,** had you ever been **treated with radiation** that included the lower abdomen or pelvis for any of the following conditions?

	Number of treatments	Age at first treatment
○ Cancer →	_____	_____ years
○ Bleeding from the uterus or womb →	_____	_____ years
○ Growth on the uterus or womb →	_____	_____ years
○ Other *Please specify* _____ →	_____	_____ years
○ None		
○ Don't know		

Physical Exercise

71. How often did you participate in **strenuous** exercise activities or sports (e.g. swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, racquetball)?
*Please complete for **each** age group up to and including your current age.*

	Average hours per week									Average months per year			
	None	1/2 hr	1 hr	1 1/2 hrs	2 hrs	3 hrs	4-6 hrs	7-10 hrs	11 or more hrs	1-3 mths	4-6 mths	7-9 mths	10-12 mths
Ages 12-17	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 18-24	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 25-34	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 35-44	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 45-54	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 55 or more	○	○	○	○	○	○	○	○	○	○	○	○	○
3 years before your cancer diagnosis	○	○	○	○	○	○	○	○	○	○	○	○	○

72. How often did you participate in **moderate** exercise activities or sports (e.g. brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball)?
*Please complete for **each** age group up to and including your current age.*

	Average hours per week									Average months per year			
	None	1/2 hr	1 hr	1 1/2 hrs	2 hrs	3 hrs	4-6 hrs	7-10 hrs	11 or more hrs	1-3 mths	4-6 mths	7-9 mths	10-12 mths
Ages 12-17	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 18-24	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 25-34	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 35-44	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 45-54	○	○	○	○	○	○	○	○	○	○	○	○	○
Ages 55 or more	○	○	○	○	○	○	○	○	○	○	○	○	○
3 years before your cancer diagnosis	○	○	○	○	○	○	○	○	○	○	○	○	○

Twin Question

73. Are you a twin?

- ○ Yes
- ○ No

If yes, please read the following statement and answer the question:

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 a strong resemblance to each other in height, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.

Do you think you and your twin are identical?

- ○ Yes
- ○ No
- ○ Don't know

Thank you very much for taking the time to fill out this questionnaire. Your participation is very much appreciated.

Please mail this completed questionnaire in the return envelope provided.