



High Risk Breast Cancer Clinic Women's Proxy Questionnaire

This questionnaire asks for general medical and health information. 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. If you do not know the answer to a question, please mark "Don't know."

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 and the name of your family member 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 30 minutes to complete. If you have any questions about the questionnaire, please contact 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?

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

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

(Please complete any highlighted information)

Name: _____

Date of Birth: _____ Date of Death: _____ Place of Death: _____
(City, State)

Background Information

1. What is your relationship to her?

- I am her: Spouse
 Daughter
 Sister
 Mother
 Other *Please specify* _____

2. What was the HIGHEST level of education she completed? (Mark only one.)

- Less than 8 years Some college or university
 8 to 11 years (without graduation) Bachelor's degree
 High school graduation Graduate degree
 Vocational or technical school Don't know

3. At the time of her death, was she: (Mark only one.)

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

4. What was her ethnic or racial background? (Mark all that apply.)

- White Native American
 Black or African American Other *Please specify* _____
 Asian Don't know
 Pacific Islander

4.1 Was she Latino or Hispanic (ancestry is Mexican, Cuban, Puerto Rican, Central American, or South American)?

- No Yes Don't know

The next questions ask about the general background of her parents and grandparents. For these questions, please think about full-blooded relatives only.

5. In which COUNTRY were she, her parents and her grandparents born?

	USA	Another Country <i>Please specify</i>	Don't know
Her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her mother's mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her mother's father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her father's mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Her father's father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to next page.

6. Please mark the RELIGION into which she was born:

- | | |
|---|---|
| <input type="radio"/> LDS or Mormon | <input type="radio"/> Eastern Orthodox |
| <input type="radio"/> Catholic | <input type="radio"/> Muslim |
| <input type="radio"/> Protestant | <input type="radio"/> Buddhist |
| <input type="radio"/> Sephardic Jewish | <input type="radio"/> Hindu |
| <input type="radio"/> Ashkenazi Jewish | <input type="radio"/> None |
| <input type="radio"/> Other or uncertain Jewish | <input type="radio"/> Don't know |
| <input type="radio"/> Seventh Day Adventist | <input type="radio"/> Other <i>Please specify</i> _____ |

Height and Weight

7. What was her typical adult height?

Feet	→	4	5	6	7						
	→	0	1	2	3	4	5	6	7	8	9
Inches	→	0	1	2	3	4	5	6	7	8	9
	→	0	1	2	3	4	5	6	7	8	9
<input type="radio"/> Don't know											

8. What was her typical adult weight?

Pounds	→	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
<input type="radio"/> Don't know											

Go to next page.

Her Health History

Many of the following questions ask for detailed medical and reproductive history information. Some questions ask you to give ages when certain things happened. If you are not sure about the exact age, please give your best guess.

9. Did a doctor ever tell her that she had cancer, leukemia or a malignant tumor?

- No
- Yes
- Don't know



9.1 What was the FIRST type of cancer? Don't know what type

9.2 How old was she when this was FIRST diagnosed?

Age														

Don't know what age

9.3 What was the SECOND type of cancer? Don't know what type

9.4 How old was she when this was FIRST diagnosed?

Age														

Don't know what age

9.5 What was the THIRD type of cancer? Don't know what type

9.6 How old was she when this was FIRST diagnosed?

Age														

Don't know what age

Go to next page.

10. Did she ever have a breast completely removed?

- No
- Don't know

- Yes, one breast (or first breast) →

10.1 How old was she when this was done?

→ 0 1 2 3 4 5 6 7 8 9

→ 0 1 2 3 4 5 6 7 8 9

Don't know what age

10.2 Why was this breast removed?

- to treat cancer
- to prevent the development of cancer
- other *Please specify* _____
- Don't know

- Yes, both breasts (or second breast) →

10.3 How old was she when this was done?

→ 0 1 2 3 4 5 6 7 8 9

→ 0 1 2 3 4 5 6 7 8 9

Don't know what age

10.4 Why was this breast removed?

- to treat cancer
- to prevent the development of cancer
- other *Please specify* _____
- Don't know

Go to next page.

11. Did she ever have an ovary completely removed? If her ovaries were removed at different times, please give her age at the time of each operation.

- No
- Don't know

Yes, one ovary (or first ovary)

11.1 How old was she when this was done?

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Don't know what age

Age

11.2 Why was this ovary removed?

- to treat cancer
- to prevent the development of cancer
- other *Please specify* _____
- Don't know

Yes, both ovaries (or second ovary)

11.3 How old was she when this was done?

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

Don't know what age

Age

11.4 Why was this ovary removed?

- to treat cancer
- to prevent the development of cancer
- other *Please specify* _____
- Don't know

12. Did she ever have a mammogram (x-ray examination of the breasts)?

- No
- Yes
- Don't know

13. Did she ever use hormonal contraceptives, in the form of birth control pills, implants or injections?

- No
- Yes
- Don't know

Go to next page.

14. Was she ever pregnant?

- No Yes
 Don't know

14.1 How many pregnancies did she have?

→ 0 1 2 3 4 5 6 7 8 9
 → 0 1 2 3 4 5 6 7 8 9
 Number Don't know

14.2 How many live births did she have?

- None

→ 0 1 2 3 4 5 6 7 8 9
 → 0 1 2 3 4 5 6 7 8 9
 Number Don't know

14.3 How old was she when she had her FIRST live birth?

→ 0 1 2 3 4 5 6 7 8 9
 → 0 1 2 3 4 5 6 7 8 9
 Number Don't know

14.4 How old was she when she had her LAST live birth?

→ 0 1 2 3 4 5 6 7 8 9
 → 0 1 2 3 4 5 6 7 8 9
 Number Don't know

14.5 Did she ever breast feed a child for one month or more?

- No Yes Don't know

15. Did she ever take 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 contraceptives (birth control pills).

- No Yes

Go to next page.

16. Was she a twin?

No Yes

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, coloring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.

16.1 Do you think she and her twin are genetically identical?

No Yes

17. Did she ever consume any alcoholic beverages, such as beer, wine, or liquor at least once per week for 6 MONTHS OR LONGER?

No Yes

18. Did she ever smoke AT LEAST ONE CIGARETTE A DAY FOR THREE MONTHS OR LONGER?

No Yes

19. Please feel free to add any additional information.

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

PLEASE MAIL THIS QUESTIONNAIRE IN THE RETURN ENVELOPE PROVIDED.

FOR OFFICE USE ONLY

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