

EDITORIAL NOTE 1: This questionnaire includes a solid set of family history questions that determines the relevant denominators and covers first- and second-degree relatives. Changes you might want to consider are to ask the corresponding questions to Q2c. and Q2d. for the parents' siblings: Is this a full or half-sibling of the parent? If a half-sibling, do they share the same mother? father?

EDITORIAL NOTE 2: If your study were focused not on breast cancer but on a different cancer, you might want to make other choices for the cancers in Q4a, Q4b, Q5a, Q5b, etc.

Genetics Study Data Retrieval - FCRDC

ARRT ID: _ _ _ _ _

Interview Date: _ _ / _ _ / _ _ _ _

Interviewer: _____

First Cancer: _____ ICD-9 _ _ _ _ Year of Diagnosis: _ _ _ _

Second Cancer: _____ ICD-9 _ _ _ _ Cancer Type: **BREAST** _____

Cancer Risk in X-Ray Technologists: Genetics Studies

Data Retrieval Questionnaire for Breast Cancer Cases

University of Minnesota
American Registry of Radiologic Technologists
National Institutes of Health

NOTE: This questionnaire is administered by telephone interview to breast cancer cases who participate in the Genetics Studies as a follow-up to a mailed survey instrument previously completed by the subject. Information collected during this interview is used to augment and verify information obtained by the previous survey instrument.

UMN

Edited by: _____ Date: _____

Edited by: _____ Date: _____

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Genetics Study Data Retrieval - FCRDC

The first questions are about your family history, beginning with your biological parents.

BOX A

IF TECH WAS ADOPTED:

Does not know biological family history..... 1 **[SKIP TO TOP OF PAGE 8]**

Knows biological family history..... 2 **[GO TO Q1]**

Q1. For each parent, please tell me the year of birth, year of death (*if deceased*), and whether or not he or she was ever diagnosed with cancer.

For each parent diagnosed with cancer, please list all primary sites (*excluding metastases and non-melanoma skin cancer*) and provide the age at diagnosis for each cancer listed.

a. Parent	b. Year of Birth	c. Alive?	e. Diagnosed with cancer?	f. List Primary site (exclude metastases and non-melanoma skin cancer)	g. Age at Diagnosis	h. ICD9 [TO BE CODED]	
Father.....1	_____ DK..... 8	Alive 1	Yes..... 1 No2 DK8	_____	__ __	____ _	
		Deceased . 2		_____	DK.....8	____ _	
		DK..... 8		_____	DK.....8	__ __	____ _
		d. Year of Death		_____	DK.....8	__ __	____ _
		_____		_____	DK.....8	____ _	
Mother ...2	_____ DK..... 8	Alive 1	Yes..... 1 No2 DK8	_____	__ __	____ _	
		Deceased . 2		_____	DK.....8	____ _	
		DK..... 8		_____	DK.....8	__ __	____ _
		d. Year of Death		_____	DK.....8	__ __	____ _
		_____		_____	DK.....8	____ _	

Q2. Next, I'd like to ask you about your blood-related siblings. This would include half-brothers or half-sisters, but NOT step-siblings. Beginning with the oldest, please tell me the gender, year of birth, year of death (*if deceased*) for each sibling, and whether or not he or she was ever diagnosed with cancer.

For each sibling diagnosed with cancer, please list all primary sites (*excluding metastases and non-melanoma skin cancer*) and provide the age at diagnosis for each cancer listed.

BOX B

**IF ONLY CHILD,
CIRCLE '1'
AND SKIP
TO Q3**

.....1

a.#	b. Sex of sibling	c. Full or half sibling	e. Year of Birth	f. Alive?	h. Diagnosed with cancer?	i. List Primary site (exclude metastases and non-melanoma skin cancer)	j. Age at Diagnosis	k. ICD9 [TO BE CODED]
1	Male ...1	Full 1	-- -- -- -- DK 8	Alive 1	Yes..... 1 No2 DK8	_____ _____ _____	-- --	_____ _____ _____ _____
	Female 2	Half.... 2		Deceased... 2			DK..... 8	
		DK..... 8		DK..... 8			-- --	
		DK..... 8		DK..... 8			DK..... 8	
		d. If half, share same ... Mother . 1 Father... 2 DK..... 8	g. Year of Death _____ DK..... 8			-- --	DK..... 8	
2	Male ...1	Full 1	-- -- -- -- DK 8	Alive 1	Yes..... 1 No2 DK8	_____ _____ _____	-- --	_____ _____ _____ _____
	Female 2	Half.... 2		Deceased... 2			DK..... 8	
		DK..... 8		DK..... 8			-- --	
		DK..... 8		DK..... 8			DK..... 8	
		d. If half, share same ... Mother . 1 Father... 2 DK..... 8	g. Year of Death _____ DK..... 8			-- --	DK..... 8	
3	Male ...1	Full 1	-- -- -- -- DK 8	Alive 1	Yes..... 1 No2 DK8	_____ _____ _____	-- --	_____ _____ _____ _____
	Female 2	Half.... 2		Deceased... 2			DK..... 8	
		DK..... 8		DK..... 8			-- --	
		DK..... 8		DK..... 8			DK..... 8	
		d. If half, share same ... Mother . 1 Father... 2 DK..... 8	g. Year of Death _____ DK..... 8			-- --	DK..... 8	

a.#	b. Sex of sibling	c. Full or half sibling	e. Year of Birth	f. Alive?	h. Diagnosed with cancer?	i. List Primary site (exclude metastases and non-melanoma skin cancer)	j. Age at Diagnosis	k. ICD9 [TO BE CODED]
4	Male ...1	Full 1	— — — — DK8	Alive 1	Yes..... 1	_____ _____ _____	— —	_____ _____ _____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK.....8	DK8		DK..... 8	
		d. If half, share same ...		g. Year of Death				
	Mother . 1		_____			— —		
	Father... 2		DK..... 8			DK..... 8		
	DK..... 8					DK..... 8		

5	Male ...1	Full 1	— — — — DK8	Alive 1	Yes..... 1	_____ _____ _____	— —	_____ _____ _____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK.....8	DK8		DK..... 8	
		d. If half, share same ...		g. Year of Death				
	Mother . 1		_____			— —		
	Father... 2		DK..... 8			DK..... 8		
	DK..... 8					DK..... 8		

6	Male ...1	Full 1	— — — — DK8	Alive 1	Yes..... 1	_____ _____ _____	— —	_____ _____ _____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK.....8	DK8		DK..... 8	
		d. If half, share same ...		g. Year of Death				
	Mother . 1		_____			— —		
	Father... 2		DK..... 8			DK..... 8		
	DK..... 8					DK..... 8		

7	Male ...1	Full 1	— — — — DK8	Alive 1	Yes..... 1	_____ _____ _____	— —	_____ _____ _____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK.....8	DK8		DK..... 8	
		d. If half, share same ...		g. Year of Death				
	Mother . 1		_____			— —		
	Father... 2		DK..... 8			DK..... 8		
	DK..... 8					DK..... 8		

a.#	b. Sex of sibling	c. Full or half sibling	e. Year of Birth	f. Alive?	h. Diagnosed with cancer?	i. List Primary site (exclude metastases and non-melanoma skin cancer)	j. Age at Diagnosis	k. ICD9 [TO BE CODED]
8	Male ...1	Full 1	— — — — DK 8	Alive 1	Yes..... 1	_____	— —	_____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK..... 8	DK 8		DK..... 8	
		d. If half, share same ...		g. Year of Death	— —		DK..... 8	
		Mother . 1		_____		_____	— —	DK..... 8
		Father... 2		_____		_____	— —	DK..... 8
		DK..... 8		DK..... 8		_____	DK..... 8	_____

9	Male ...1	Full 1	— — — — DK 8	Alive 1	Yes..... 1	_____	— —	_____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK..... 8	DK 8		DK..... 8	
		d. If half, share same ...		g. Year of Death	— —		DK..... 8	
		Mother . 1		_____		_____	— —	DK..... 8
		Father... 2		_____		_____	— —	DK..... 8
		DK..... 8		DK..... 8		_____	DK..... 8	_____

10	Male ...1	Full 1	— — — — DK 8	Alive 1	Yes..... 1	_____	— —	_____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK..... 8	DK 8		DK..... 8	
		d. If half, share same ...		g. Year of Death	— —		DK..... 8	
		Mother . 1		_____		_____	— —	DK..... 8
		Father... 2		_____		_____	— —	DK..... 8
		DK..... 8		DK..... 8		_____	DK..... 8	_____

11	Male ...1	Full 1	— — — — DK 8	Alive 1	Yes..... 1	_____	— —	_____
	Female2	Half.... 2		Deceased... 2	No2		DK..... 8	
		DK..... 8		DK..... 8	DK 8		DK..... 8	
		d. If half, share same ...		g. Year of Death	— —		DK..... 8	
		Mother . 1		_____		_____	— —	DK..... 8
		Father... 2		_____		_____	— —	DK..... 8
		DK..... 8		DK..... 8		_____	DK..... 8	_____

Q3. Next, I'd like to ask you about your blood-related grandparents. For each grandparent, please tell me the year of birth, year of death (*if deceased*), and whether or not he or she was ever diagnosed with cancer.

For each grandparent diagnosed with cancer, please list all primary sites (*excluding metastases and non-melanoma skin cancer*) and provide the age at diagnosis for each cancer listed.

a. Grandparent	b. Year of Birth	c. Alive?	e. Diagnosed with cancer?	f. List Primary site (exclude metastases and non-melanoma skin cancer)	g. Age at Diagnosis	h. ICD9 [TO BE CODED]
Maternal Grandfather 1	___ ___ ___ ___ DK8	Alive.....1 Deceased .2 DK.....8 d. Year of Death ___ ___ ___ ___ DK 8	Yes 1 No..... 2 DK..... 8	_____ _____ _____ _____	___ ___ DK..... 8 ___ ___ DK..... 8 ___ ___ DK..... 8	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Maternal Grandmother 2	___ ___ ___ ___ DK8	Alive.....1 Deceased .2 DK.....8 d. Year of Death ___ ___ ___ ___ DK 8	Yes 1 No..... 2 DK..... 8	_____ _____ _____ _____	___ ___ DK..... 8 ___ ___ DK..... 8 ___ ___ DK..... 8	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Paternal Grandfather 3	___ ___ ___ ___ DK8	Alive.....1 Deceased .2 DK.....8 d. Year of Death ___ ___ ___ ___ DK 8	Yes 1 No..... 2 DK..... 8	_____ _____ _____ _____	___ ___ DK..... 8 ___ ___ DK..... 8 ___ ___ DK..... 8	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Paternal Grandmother 4	___ ___ ___ ___ DK8	Alive.....1 Deceased .2 DK.....8 d. Year of Death ___ ___ ___ ___ DK 8	Yes 1 No..... 2 DK..... 8	_____ _____ _____ _____	___ ___ DK..... 8 ___ ___ DK..... 8 ___ ___ DK..... 8	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Now I'd like to ask you about your parents' siblings.

Q4. How many blood-related sisters did your MOTHER have?

__ __ [IF NONE, SKIP TO Q5]
of Blood-Related Sisters

DK 8

Q4a. How many of these MATERNAL aunts were diagnosed with **breast** cancer?

__ __ # of Maternal Aunts
DK 8

Q4b. How many of these MATERNAL aunts were diagnosed with **ovarian** cancer?

__ __ # of Maternal Aunts
DK 8

Q5. How many blood-related brothers did your MOTHER have?

__ __ [IF NONE, SKIP TO Q6]
of Blood-Related Brothers

DK 8

Q5a. How many of these MATERNAL uncles were diagnosed with **prostate** cancer?

__ __ # of Maternal Uncles
DK 8

Q5b. How many of these MATERNAL uncles were diagnosed with **testicular** cancer?

__ __ # of Maternal Uncles
DK 8

Q6. How many blood-related sisters did your FATHER have?

__ __ [IF NONE, SKIP TO Q7]
of Blood-Related Sisters

DK 8

Q6a. How many of these PATERNAL aunts were diagnosed with **breast** cancer?

__ __ # of Paternal Aunts
DK 8

Q6b. How many of these PATERNAL aunts were diagnosed with **ovarian** cancer?

__ __ # of Paternal Aunts
DK 8

Q7. How many blood-related brothers did your FATHER have?

__ __ [IF NONE, SKIP TO Q9]
of Blood-Related Brothers

DK 8

Q7a. How many of these PATERNAL uncles were diagnosed with **prostate** cancer?

__ __ # of Paternal Uncles
DK 8

Q7b. How many of these PATERNAL uncles were diagnosed with **testicular** cancer?

__ __ # of Paternal Uncles
DK 8

The next questions are about your biological children. These questions pertain only to those children who were born alive.

____ **NO LIVE-BORN CHILDREN,
SKIP TO Q9**

BOX C

No live-born children [IF LINE NEXT TO "NO LIVE-BORN CHILDREN" IS CHECKED, CIRCLE '1' FOR YES; IF LINE IS BLANK, CIRCLE '2' FOR NO]

Yes.....1 [SKIP TO Q9]
No.....2 [CONTINUE WITH Q8]

Q8. For each live-born child, please tell me the sex, year of birth, year of death (*if deceased*) and whether or not the child was ever diagnosed with cancer.

For each live-born child diagnosed with cancer, please list all primary sites (*excluding metastases and non-melanoma skin cancer*) and provide the age at diagnosis for each cancer listed.

a. #	b. Sex of child	c. Year of Birth	d. Alive?	f. Diagnosed with cancer?	g. List Primary site (exclude metastases and non-melanoma skin cancer)	h. Age at Diagnosis	i. ICD9 [TO BE CODED]
1	Male..... 1	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
	Female . 2		Deceased . 2			DK..... 8	DK.....8
			e. Year of Death	DK..... 8	_____	— —	— — — —
			— — — —			DK..... 8	DK.....8
2	Male..... 1	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
	Female . 2		Deceased . 2			DK..... 8	DK.....8
			e. Year of Death	DK..... 8	_____	— —	— — — —
			— — — —			DK..... 8	DK.....8
3	Male..... 1	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
	Female . 2		Deceased . 2			DK..... 8	DK.....8
			e. Year of Death	DK..... 8	_____	— —	— — — —
			— — — —			DK..... 8	DK.....8
4	Male..... 1	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
	Female . 2		Deceased . 2			DK..... 8	DK.....8
			e. Year of Death	DK..... 8	_____	— —	— — — —
			— — — —			DK..... 8	DK.....8
5	Male..... 1	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
	Female . 2		Deceased . 2			DK..... 8	DK.....8
			e. Year of Death	DK..... 8	_____	— —	— — — —
			— — — —			DK..... 8	DK.....8

a. #	b. Sex of child	c. Year of Birth	d. Alive?	f. Diagnosed with cancer?	g. List Primary site (exclude metastases and non-melanoma skin cancer)	h. Age at Diagnosis	i. ICD9 [TO BE CODED]
6	Male..... 1 Female . 2	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
			Deceased . 2			DK..... 8	DK..... 8
			e. Year of Death		_____	— —	— — — —
			— — — —			DK..... 8	DK..... 8
7	Male..... 1 Female . 2	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
			Deceased . 2			DK..... 8	DK..... 8
			e. Year of Death		_____	— —	— — — —
			— — — —			DK..... 8	DK..... 8
8	Male..... 1 Female . 2	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
			Deceased . 2			DK..... 8	DK..... 8
			e. Year of Death		_____	— —	— — — —
			— — — —			DK..... 8	DK..... 8
9	Male..... 1 Female . 2	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
			Deceased . 2			DK..... 8	DK..... 8
			e. Year of Death		_____	— —	— — — —
			— — — —			DK..... 8	DK..... 8
10	Male..... 1 Female . 2	— — — —	Alive 1	Yes..... 1 No..... 2 DK..... 8	_____	— —	— — — —
			Deceased . 2			DK..... 8	DK..... 8
			e. Year of Death		_____	— —	— — — —
			— — — —			DK..... 8	DK..... 8

Due to the fact that cancer rates are somewhat higher for certain religious groups, we would like to ask you about your religious background.

Q9a. Into what religion(s) were you born . . . ? (*Circle all that apply*)

- Jewish..... 1
- Catholic2
- Protestant.....3
- Other:4 _____ (*please specify*)
- NONE.....5
- DONT KNOW8

Q9b. In what religion were you raised . . . ?

- Jewish..... 1
- Catholic2
- Protestant.....3
- Other:4 _____ (*please specify*)
- NONE.....5
- DONT KNOW8

The next questions are about your medical history. When answering these questions, please think about the time period up to one year before you were diagnosed with breast cancer. According to our records you were first diagnosed with breast cancer in _____, which means you would have been about _____ years old.

Q10. Up until one year before you were diagnosed with BREAST cancer, what was your usual adult weight without clothes?

__ __ __ Pounds
DK..... 8

Q11. How old were you when you first started having menstrual periods?

__ __ Age
DK..... 8

Q12. Up until one year before you were diagnosed with BREAST cancer, did you ever take birth control pills or oral contraceptives on a regular basis?

Yes..... 1
No..... 2 [SKIP TO Q14]
DK..... 8 [SKIP TO Q14]

Q13. What was the total number of years you took oral contraceptives or birth control pills up until one year before you were diagnosed with breast cancer?

__ __ Years
DK..... 8

Q14. Up until one year before you were diagnosed with BREAST cancer, did you ever take oral or other estrogens for any reason(s) other than as contraceptives?

Yes..... 1
No..... 2 [SKIP TO Q16]
DK..... 8 [SKIP TO Q16]

Q15. Up until one year before you were diagnosed with BREAST cancer, what was the total number of years you took oral or other estrogens for that/those reason(s)?

__ __ Years
DK..... 8

Q16. Up until one year before you were diagnosed with BREAST cancer, did you ever try to become pregnant for more than two years without success?

Yes..... 1
No..... 2 [SKIP TO Q18]
DK..... 8 [SKIP TO Q18]

Q17. What was the cause? Was it . . .
[READ LIST AND MARK ALL THAT APPLY]

- An ovulatory/hormonal problem .. 1
- Tubal obstruction or scarring 1
- Male infertility..... 1
- Endometriosis..... 1
- Any other reason 1
- _____ (please specify)
- Cause not investigated 1
- Cause not found..... 1

Q18. Up until one year before you were diagnosed with BREAST cancer, how many times were you pregnant? [IF NEVER PREGNANT, ENTER '00' AND SKIP TO Q20]

__ __ # of pregnancies

Q19. How many of these pregnancies resulted in a miscarriage? [IF NONE, ENTER '00']

__ __ # of miscarriages

Q20. Up until one year before you were diagnosed with BREAST cancer, did you ever have a breast biopsy or aspiration (needle inserted to remove fluid)?

- No.....1 [SKIP TO END OF INTERVIEW]
- Yes, BIOPSY ONLY.....2
- Yes, BIOPSY AND ASPIRATION3
- Yes, ASPIRATION ONLY4
- DK.....8

Q21. How old were you when you had your first breast biopsy or aspiration?

__ __ Age
DK..... 8

Q22. Up until one year before you were diagnosed with BREAST cancer, how many breast biopsies and/or aspirations did you have that DID NOT result in a diagnosis of breast cancer?

__ __ # of other biopsies/aspirations
DK..... 8

Q23. Up until one year before you were diagnosed with BREAST cancer, how many of those biopsies or aspirations led to the diagnosis of . . . [NAME EACH CONDITION]

of Biopsies
or Aspirations

- __ __ Cyst
- __ __ Fibrocystic disease
- __ __ Fibroadenoma
- __ __ Hyperplasia
- __ __ Atypical hyperplasia
- __ __ Lobular carcinoma in situ
- __ __ Ductal carcinoma in situ
- __ __ Other (SPECIFY TYPE) : _____
- __ __ No abnormality
- __ __ DON'T KNOW

END OF INTERVIEW: Thank you very much for participating in this study.