60A1

generations
The UK study of the causes of Breast Cancer

Questionnaire

Please complete this questionnaire in black or blue ink, using capital letters. Further instructions on how to complete this questionnaire can be found on the back of the covering letter.
Several of the questions ask about events in your life since 1st January 2008, or since 1st January 2014; this is to ensure that we cover the period since you last completed a questionnaire about these events.

Online Questionnaire

If you are able to complete this questionnaire online using our secure website at https://generations.icr.ac.uk we would appreciate it as this would save on resources. There is then no need to return the paper version.

1: General information about you

1.1 Is your **name and address** here correct?
If no, *please write your correct name and address here or on the back page*

....
....
....
....

1.2 Please confirm your **date of birth** Day ☐☐ Month ☐☐ Year ☐☐☐☐

1.3 **Telephone number(s)** on which you may be contacted

Tel.1 ☐☐☐☐☐☐☐☐☐☐☐ Ext. ☐☐☐☐ Day ☐ Eve ☐ Either ☐

Tel.2 ☐☐☐☐☐☐☐☐☐☐☐ Ext. ☐☐☐☐ Day ☐ Eve ☐ Either ☐

1.4 Email address

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

- Would you be happy to complete questionnaires online in future? Yes ☐ No, I would prefer not to, or can't ☐

2: Illnesses

Cancer and breast diseases

2.1 Since 1st January 2014, have you been diagnosed with any type of cancer, including leukaemia or lymphoma? **Yes** ☐ **No** ☐

→**If yes,** what type was it?

☐ Left breast cancer ☐ Right breast cancer ☐ Cancer in both breasts ☐ Ovarian cancer

☐ Cervical cancer ☐ Uterus (womb) cancer ☐ Malignant melanoma ☐ Skin cancer, not melanoma. (Basal cell carcinoma; rodent ulcer; squamous cell carcinoma)

☐ Hodgkin's lymphoma ☐ Non-Hodgkin's lymphoma ☐ Leukaemia ☐ Colon or rectum (large bowel) cancer

List continued on next page

☐ Thyroid cancer ☐ Kidney cancer ☐ Bladder cancer

☐ Other cancer, please specify

2.2 Since 1st January 2014, have you been diagnosed with **any other breast disease**? **Yes** ☐ **No** ☐

→**If yes,** what type was it?

☐ Breast pre-cancer ("in situ" or DCIS) ☐ Benign breast cyst(s) ☐ Benign breast lump(s) ☐ Breast abscess

☐ Breast fibroadenoma ☐ Breast fibrocystic disease ☐ Mastitis

☐ Other breast abnormality, please specify

- Did you have a biopsy or surgery for this? Yes ☐ No ☐

2.3 **If you have reported cancer or breast disease** above, please enter the date and place here:

- **When it was diagnosed** Month ☐☐ Year ☐☐☐☐
- **Where it was diagnosed** Hospital

Town

If you have had more than one cancer and/or breast disease since 1st January 2014, please cross here and describe the dates and places you were diagnosed on the back page. ☐

2.4 **If you have had cancer or breast disease,** would you be agreeable to the research team obtaining from your doctor or hospital a sample of the cancer or breast disease you had removed, to be used for the Generations Study research?

Yes, I do agree ☐ No, I do not agree ☐ Not applicable ☐

Your signature …… *Date* ……

Other illnesses

2.5 Since 1st January 2008, have you been diagnosed with/undergone:

			If yes, year of diagnosis/operation
• Diabetes treated with insulin	☐ **Yes**	☐ **No**	☐☐☐☐
• Diabetes not treated with insulin	☐ **Yes**	☐ **No**	☐☐☐☐
• Gallstones	☐ **Yes**	☐ **No**	☐☐☐☐
• Gallbladder removal (cholecystectomy)	☐ **Yes**	☐ **No**	☐☐☐☐
• Fractured (broken) hip	☐ **Yes**	☐ **No**	☐☐☐☐

- Osteoporosis ☐ **Yes** ☐ **No** ☐☐☐
- Endometriosis ☐ **Yes** ☐ **No** ☐☐☐
- Polycystic ovaries ☐ **Yes** ☐ **No** ☐☐☐
- Removal of one ovary ☐ **Yes** ☐ **No** ☐☐☐
- Removal of both ovaries ☐ **Yes** ☐ **No** ☐☐☐
- Fibroids of the uterus ☐ **Yes** ☐ **No** ☐☐☐
- Thyroid disease or thyroid problems ☐ **Yes** ☐ **No** ☐☐☐

If thyroid disease or problem, please specify ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Eating disorders

2.6 Since 1st January 2008, have you had an eating disorder for which you saw a doctor or because of which your periods stopped temporarily? (*cross as many as apply*)

☐ **No (*go to question 3)***

☐ **Yes,** consulted a doctor in year ☐☐☐☐ (first consultation)

☐ **Yes,** my periods stopped temporarily from: Month ☐☐ Year ☐☐☐☐ to Month ☐☐ Year ☐☐☐☐

→**If 'yes',** what was the disorder? ☐ Anorexia ☐ Bulimia

☐ Other, please specify ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3: Your medical history: drugs

Aspirin, Ibuprofen & other painkillers

3.1 Since 1st January 2008, have you taken any of the following daily or almost every day for 6 months or longer?

- **Aspirin** ☐ **Yes** ☐ **No**

The following are some common aspirin-containing medicines:		
Alka-Seltzer	Bayer Aspirin	Boots Back pain relief
Anadin	Beechams Aspirin	Codis 500
Askit	Beechams Lemon Tablets	Disprin
Aspro/Aspro Clear	Beechams Powders	Phensic

→**If 'yes'**, please fill in the period when you were taking aspirin daily or almost every day:

Age at start ☐☐ years Age at end ☐☐ years *or* Still using ☐

- **Ibuprofen** ☐ **Yes** ☐ **No**

The following are some common ibuprofen-containing medicines:				
Advil	Arthofen	Cuprofen	Galprofen	Migrafen
Anadin Ultra	Brufen	Feminax	Hedex	Nurofen

→**If 'yes'**, please fill in the period when you were taking ibuprofen daily or almost every day:

Age at start ☐☐ years Age at end ☐☐ years *or* Still using ☐

- **Other pain killers** ☐ **Yes** ☐ **No**

→**If 'yes',** what type?: Paracetamol (panadol) ☐ Co-codamol ☐

Other, please specify

Please fill in the period when you were taking other painkillers daily or almost every day.

Age at start ☐☐ years Age at end ☐☐ years *or* Still using ☐

If you have used any of the above drugs for more than one period of 6 months or longer since 1st January 2008, please cross here and give details on the back page. ☐

Bisphosphonates

3.2 Have you ever been treated with bisphosphonates? These are drugs, taken as tablets or injected, that are used to treat and prevent bone disorders. **Yes** ☐ **No** ☐

The following are bisphosphonates prescribed in the UK:

Tablets
alendronate (brand names Fosamax, Fosamax Once Weekly, Fosavance)
sodium clodronate (Bonefos, Loron)
disodium etidronate (Didronel, Didronel PMO)
ibandronate (Bondronat, Bonviva)
risedronate sodium (Actonel, Actonel Once a Week)
disodium tiludronate (Skelid)

Injections
ibandronate (Bondronat, Bonviva)
disodium pamidronate (Aredia)
zoledronic acid (Aclasta, Zometa)

→**If 'yes'**, please fill in any periods when you were treated with bisphosphonates for 6 months or longer:

1) Age at start ☐☐ years Age at end ☐☐ years *or* Still using ☐

2) Age at start ☐☐ years Age at end ☐☐ years *or* Still using ☐

If you have used bisphosphonates for more than two periods of 6 months or longer, please cross here and give details on the back page. ☐

4: Mammograms

4.1 Since 1st January 2014, have you had a mammogram (breast X-ray)? **Yes** ☐ **No** ☐

4.2 **If yes,** when was your most recent mammogram? Year ☐☐☐☐

- Where was it done?

Name of hospital or other location

Town

5: Your Menopause

5.1 Have you reached the menopause (i.e. your periods have now stopped completely and you believe permanently, and your last period was at least six months ago)?

Yes ☐ **No** ☐ Don't know because I am taking hormone replacement therapy, and therefore do not know whether I have reached natural menopause ☐

→**If you reached menopause since 1st January 2014:**

- How old were you when your periods stopped completely and permanently? ☐ years *or* Don't know ☐
- What was the reason for your periods stopping?

☐ Natural menopause ☐ Natural menopause while taking HRT or contraception

Surgical removal of :

☐ your ovaries (oophorectomy) ☐ your uterus (hysterectomy) ☐ your ovaries and uterus

☐ Chemotherapy or radiotherapy ☐ Don't know

☐ Other, please specify ☐

- Before your last period how would you describe your cycle?

☐ Regular until my last period ☐ Irregular for ☐ years before my last period

☐ Always irregular

- Did you ever have hot flushes during your menopause? Yes ☐ No ☐

6: Other Factors

Your size and your mother's

6.1 Dress size

- What is your current UK dress size? ☐
- What was your mother's UK dress size when you were a child? (If you don't know exactly, please give your best estimate) ☐

Cross here if you cannot estimate, e.g. because you were adopted. ☐

6.2 Shoe size

- What is your shoe size? *e.g.* 5 | *Half* ½ = 5 ½ *or* 5 | *Half* ☐ = 5

UK size ☐ *Half* ☐ *or* Continental size ☐ *Half* ☐

If you usually wear shoes of different sizes on your two feet, please cross here and give details on the back page. ☐

- What is/was your mother's shoe size?

UK size ☐ *Half* ☐ *or* Continental size ☐ *Half* ☐ *or* Don't know ☐

Stress

6.3 Since 1st January 2008, have you experienced *(cross any that apply)*:-

☐ Death of a husband or long-term partner
☐ Death of a child
☐ Death of any other close relative
☐ Death of a close friend
☐ Serious personal illness or injury
☐ Loss of a job
☐ Divorce or separation
☐ Other event that you found very stressful

6.4 Since 1st January 2008, do you feel you have been experiencing stress?

☐ Never ☐ Occasionally ☐ Frequently ☐ Continuously

6.5 How often is emotional support available to you when you need it?

☐ Never/rarely ☐ Some of the time ☐ Most of the time ☐ All of the time

Diet

These questions are about your diet as it is nowadays.

6.6 Do you eat any **meat**, including poultry and meat processed in sausages, pies, etc.? **Yes** ☐ **No** ☐

→**If yes,** on how many days in the last 7 days? ☐ days

6.7 Do you eat any **fish**? **Yes** ☐ **No** ☐

→**If yes,** on how many days in the last 7 days? ☐ days

6.8 Do you eat any **eggs** (including in cakes and other baked foods)? **Yes** ☐ **No** ☐

→**If yes,** on how many days in the last 7 days? ☐ days

6.9 Do you eat any **dairy products** (e.g. milk, cheese, yoghurt, butter)? **Yes** ☐ **No** ☐

→**If yes,** on how many days in the last 7 days? ☐ days

6.10 How many servings of **green vegetables** do you usually eat daily? *(Count two tablespoons of vegetables as one serving)* ☐ Servings per day

6.11 How many servings of **fruit** do you usually eat daily? *(Count a single piece of fruit such as an apple or orange or a handful of grapes as one serving)* ☐ Servings per day

7: Cancer in your family

7.1 Since 1st January 2008, have any of your parents, sisters, brothers or children developed any form of cancer (including lymphoma or leukaemia)? We wish to know about your biological (blood) relatives, not relatives to whom you are not blood related, e.g. not step-siblings or parents who adopted you.

Yes ☐ No ☐

→**If 'yes',** please give details below. If a relative has had more than one cancer since 1st January 2008, cross the box to indicate this and give details of the second cancer on the back page.

Relative 1

- **Their relationship to you** ***(cross only one box)***

Mother	*Father*	*Sister*	*Half-sister*	*Brother*	*Half-brother*	*Daughter*	*Son*
☐	☐	☐	☐	☐	☐	☐	☐

- **Their date of birth** Day ☐☐ Month ☐☐ Year ☐☐☐☐
- **Type of cancer** ***(cross only one box)***

☐ Bladder	☐ Kidney	☐ Melanoma	☐ Pancreas	☐ Large bowel (colon or rectum)
☐ Brain	☐ Leukaemia	☐ Oesophagus	☐ Prostate	☐ Uterus (womb, endometrium)
☐ Breast	☐ Liver	☐ Ovary	☐ Stomach	☐ Non-melanoma, skin (including bcc, rodent ulcer)
☐ Cervix	☐ Lung	☐ Other, specify		

- **Year cancer was diagnosed** ☐☐☐☐
- **Cross here if this relative had more than one cancer since 1st January 2008 and write the details on the back page.** ☐

Relative 2

- **Their relationship to you** ***(cross only one box)***

Mother	*Father*	*Sister*	*Half-sister*	*Brother*	*Half-brother*	*Daughter*	*Son*
☐	☐	☐	☐	☐	☐	☐	☐

- **Their date of birth** Day ☐☐ Month ☐☐ Year ☐☐☐☐
- **Type of cancer** ***(cross only one box)***

☐ Bladder	☐ Kidney	☐ Melanoma	☐ Pancreas	☐ Large bowel (colon or rectum)
☐ Brain	☐ Leukaemia	☐ Oesophagus	☐ Prostate	☐ Uterus (womb, endometrium)
☐ Breast	☐ Liver	☐ Ovary	☐ Stomach	☐ Non-melanoma, skin (including bcc, rodent ulcer)
☐ Cervix	☐ Lung	☐ Other, specify		

- **Year cancer was diagnosed** ☐☐☐☐
- **Cross here if this relative had more than one cancer since 1st January 2008, or if you had further relatives with cancer diagnosed since 1st January 2008, and write the details on the back page.** ☐

8: Space for extra details

If you had too little space for providing details, or you have any further information or comments you want to add, including any serious illnesses since 1st January 2014 you have not mentioned previously, please write here.

Question number	Additional details

Thank you: you have finished. Please enter today's date and return the questionnaire in the envelope enclosed to:-

Day ☐☐ Month ☐☐ Year ☐☐☐☐

The Generations Study Team, Sir Richard Doll Building
Institute of Cancer Research, 15 Cotswold Road, Sutton, SURREY SM2 5NG

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Office use only ☐ ☐ ☐