ID: **MODIFIED VERSION** Questions highlighted in RED

The Raine Study Gen0/1_28 Breast Density (TiBS) study

Participant questionnaire

Thank you for taking time to complete this questionnaire.

The purpose of this questionnaire is to collect information on your health and wellbeing, ethnicity, reproductive and menstruation history as well as your surgical and medical history of breast cancer.

Please complete all the questions.
Please use a pen to complete the questionnaire.

All your responses are STRICTLY confidential and will be de-identified. Your responses will be entered and kept in a secure database and only used for analyses as part of a large de-identified amalgamated database. This questionnaire will have your contact details removed. It will then be stored with all other Raine Study information in our secure storage facilities.

If you have any questions please ask the Research Assistant or contact the Raine Study on:

- Phone: 08 6488 6949
- Mobile: 0439 919 564 (Raine study breast density study mobile)
- Email: rainestudy@uwa.edu.au.

The Raine study, School of Population and Global Health, University of Western Australia M410
(ABN 37882817280) 14-16 Parkway, Nedlands, 6008 Tel: 6488 6949 Mob: 0447 863 944 Email: rainestudy@uwa.edu.au

CONTACT DETAILS

Your contact details will not be stored with your questionnaire information. All contact details are stored separately in a secure password protected database and are not used for any other purpose

Name of study child(ren) _____

Your name, surname_____

Suburb you live in:_____ Postcode:_____

Date you completed the questionnaire____/____/_____

1. BACKGROUND

The following questions ask about you, your education and household and are important factors that may influence your health and well-being.

1.1: What is your date of birth?

_____/_____/_____ (dd/mm/yyyy) Don't Know ☐

1.2: Please select your gender

☐ Male

☐ Female

☐ Other

1.3: Please list all your children (not in the Raine study)

First name	Date of Birth	Sex (M/F)	Relationship to study child *(sister, brother, half-sister, step-brother, adopted sister)*

1.4: What is your ethnic background? By ethnic we mean the cultural group that you identify with: *(Choose as many as apply to you)*

Ethnicity	***Please mark if applicable***
England/ Australian	☐
Celtic (*e.g. Ireland, Scotland, Wales)*	☐
North Europe *(e.g. Scandinavia, Holland, Germany)*	☐
Mediterranean Europe (*e.g. Italy, Greece, Spain, Portugal*)	☐
Slavic/Balkan/East Europe	☐
North American/Canadian *(non-indigenous)*	☐
Central/South America *(non-indigenous)*	☐
North Asia (*Mongolia, Siberia)*	☐
North East Asia (*e.g. China, Hong Kong, Japan, Korea, Macau, Taiwan)*	☐
Southeast Asia (*e.g. Malaysia, Thailand, Indonesia, Vietnam, Philippines)*	☐
South Asia (*e.g. India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)*	☐
Pacific Islander *(e.g. NZ Maori, Pacific Islands, Hawaii, New Guinea)*	☐
Melanesia *(e.g. New Guinea, Fiji)*	☐
Middle Eastern, Northern African, Somali Peninsular	☐
Central/South America (*indigenous)*	☐
North American/Canadian (*indigenous)*	☐
Indigenous (*Australian/Torres Strait Islander)*	☐
Sub-Saharan African (*indigenous African, African-American)*	☐
Don't know	☐
Other *(please specify):*_____	

1.5: What type of accommodation do you live in? *(Please select one)*

☐ A separate house

☐ Semi-detached house/row or terrace house/townhouse etc.

☐ Flat/unit/apartment

☐ "Granny" flat

☐ Caravan, park home, boat

☐ Aged care accommodation or nursing home

☐ Homeless, temporary accommodation, improvised home, tent, sleeping out

☐ Other *(please specify)* _____

1.6: The dwelling is: *(Please select one)*

☐ Owned outright

☐ Owned with a mortgage

☐ Being purchased under a rent/buy scheme

☐ Being rented

☐ Being occupied rent free

☐ Being occupied under a life tenure scheme

☐ None of the above

1.7: Who do you live with? *(Please select all that apply)*

☐ I live alone

☐ With a partner

☐ My child/children/step children

☐ My parent(s)/step-parent(s)/in-laws

☐ Other relatives

☐ Friends

☐ Shared accommodation

☐ Other - please specify_____

2. INCOME

2.1: Are you receiving any government benefits, pension or allowance?

☐No(*Please go to Q2.3)*

☐Yes (*Please go to Q2.2)*

☐ Prefer not say (*Please go to Q2.3)*

2.2: Which government benefits, pension or allowance are you receiving? *(Please select all that apply)*

☐ Aged Pension

☐ Baby Bonus

☐ Carer Allowance (child)

☐ Carer Payment (child)

☐ Carer Allowance (adult)

☐ Carer Payment (adult)

☐ Child Care Benefit

☐ Child Care Rebate

☐ Crisis Payment

☐ Disability Support pensions

☐ Family Tax Benefit Part A

☐ Family Tax Benefit Part B

☐ JET Child Care Fee

☐ Assistance Maternity Immunisation

☐ Mobility Allowance

☐ Newstart Allowance

☐ Parenting Payment

☐ Remote area/zone allowance

☐ Rent Assistance

☐ Sickness Allowance

☐ Workers comp

☐ Other benefit - please specify:_____

2.3: What is the total amount of YOUR usual salary/wage, before tax, per week or benefit payment per week (annual amount in brackets)? *(Please select one)*

☐ No Income
☐ $1-$149 ($1-$7,799)

☐ $150-$299 ($7,800-$15,599)

☐ $300-$399 ($15,600-$20,799)

☐ $400-$499 ($20,800-$25,999)

☐ $500-$649 ($26,000-$33,799)

☐ $650-$799 ($33,800-$41,599)

☐ $800-$999 ($41,600-$51, 999)

☐ $1,000-$1,249 ($52,000-$64,999)

☐ $1,250-$1,499 ($65,000-$77,999)

☐ $1,500-$1,749 ($78,000-$90,999)

☐ $1,750-$1,999 ($91,000-$103, 999)

☐ $2,000-$2,499 ($104,000-$155,999)

☐ $2,500-$2,999 ($130,000-$155,999)

☐ $3,000 or more ($156,000 or more per year)

☐ Don't know

2.4: What is the total amount of YOUR HOUSEHOLD'S usual salary/wage, before tax, per week or benefit payment per week? (All adult income combined annual amount in brackets) *(Please select one)*

☐ No Income

☐ $1-$149 ($1-$7,799)

☐ $150-$299 ($7,800-$15,599)

☐ $300-$399 ($15,600-$20,799)

☐ $400-$499 ($20,800-$25,999)

☐ $500-$649 ($26,000-$33,799)

☐ $650-$799 ($33,800-$41,599)

☐ $800-$999 ($41,600-$51, 999)

☐ $1,000-$1,249 ($52,000-$64,999)

☐ $1,250-$1,499 ($65,000-$77,999)

☐ $1,500-$1,749 ($78,000-$90,999)

☐ $1,750-$1,999 ($91,000-$103, 999)

☐ $2,000-$2,499 ($104,000-$155,999)

☐ $2,500-$2,999 ($130,000-$155,999)

☐ $3,000- $3,499 ($156,000-$181,999)

☐ $3,500-$3,999 ($182,000-$207,999)

☐ $4,000 or more ($208,000 or more)

☐ Don't know

2.5: Do you currently have any of the following? (excluding Medicare) (*Please select all that apply*)

☐ Private health insurance

☐ Health care concession card

☐ None

☐ Other *(please specify*)_____

3. EDUCATION

3.1: What is the highest level of education or training you have completed? *(Please select one)*

☐ Did not go to school

☐ Primary school

☐ Secondary school (high school)

☐ Apprentice

☐ TAFE, college

☐ Other training course

☐ University undergraduate degree

☐ University post graduate degree

3.2: What is the highest year of school you have completed? *(Please select one)*

☐ Year 12 (or equivalent)

☐ Year 11 (or equivalent)

☐ Year 10 (or equivalent)

☐ Year 9 (or equivalent)

☐ Other - please specify _____

3.3: Are you currently studying or doing a course?

☐ No, *(please go to Q4.1)*

☐ Yes – Studying full-time **3.3a: Where are you studying?**

☐ Yes – Studying part-time

☐ University

☐ TAFE/College

☐ Vocational training (e.g. emergency services)

☐ Other (*please specify)* _____

3.4: How many years have you been in education? *Please write down the number of years you spent at each stage of your education.*

	Years
School education (primary and secondary)	
TAFE, Technical College	
Vocational training	
University - undergraduate	
University - postgraduate	
Other studies	

4. WORK

4.1: Which of the following describes your current employment situation? *(Please select one)*

☐ Employed full-time (casual or permanent)

☐ Employed part-time (casual or permanent)

☐ Employed, but away from work (e.g. on long service leave)

☐ Unemployed looking for full time work (Please go to Q4.6)

☐ Unemployed looking for part time work (Please go to Q4.6)

☐ Not in the labour force (not looking for work, unable to work) (Please to Q4.6)

☐ Do paid casual work

☐ Doing unpaid or voluntary work

☐ Retired (Please go to Q5.1)

☐ Other

4.2: What is your current occupation or job?

a. Job title_____

b. Job description_____

c. Street address_____

4.3: For how many years or months have you worked in your <u>current</u> occupation or job?

a. Years_____

b. Months_____

4.4: What industry do you work in for your <u>current job</u> (this is the one you work the most hours in each week) *(Please select one)*

☐ A - Agriculture, Forestry and Fishing

☐ B - Mining

☐ C - Manufacturing

☐ D - Electricity, Gas, Water and Waste Services

☐ E - Construction

☐ F - Wholesale Trade

☐ G - Retail Trade

☐ H - Accommodation and Food Services

☐ I - Transport, Postal and Warehousing

☐ J - Information Media and Telecommunications

☐ K - Financial and Insurance Services

☐ L - Rental, Hiring and Real Estate Services

☐ M - Professional, Scientific and Technical Services

☐ N - Administrative and Support Services

☐ O - Public Administration and Safety

☐ P - Education and Training

☐ Q - Health Care and Social Assistance

☐ R - Arts and Recreation Services

☐ S - Other Services

4.5: How many hours per week do you usually work in all (<u>current</u>) jobs? *(Please select one)*

☐ 1-15

☐ 16-24

☐ 25-34

☐ 35-39

☐ 40

☐ 41-48

☐ 49-55

☐ More than 55

4.6: Please list the main jobs that you have had in the last 5 years, starting from the most recent (*not including your current job)*

Occupation	**Industry code** (*see above A, B, C)*	Approximate number of years in job

5. GENERAL HEALTH

Some of these questions may seem very personal, but all information that you provide us is helpful. Even if some questions seem similar, we need to ask you each and every one. Please answer them carefully and independently.

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. For each of the following questions please mark the box that best describes your answer.

5.1	Excellent	Very good	Good	Fair	Poor
In general, would you say your health is?	☐	☐	☐	☐	☐

The following questions are about activities you might do during a typical day. Does your **health now limit you** in these activities? If so, how much?

5.2	Yes, limited a lot	Yes, limited a little	No, not limited at all
(a) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
(b) Climbing **several** flights of stairs	☐	☐	☐

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

5.3	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) **Accomplished less** than you would like	☐	☐	☐	☐	☐

(b) Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐

During the past **4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

5.4	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) **Accomplished less** than you would like	☐	☐	☐	☐	☐
(b) Did work of other activities **less carefully than usual**	☐	☐	☐	☐	☐

5.5	Not at all	A little bit	Moderately	Quite a bit	Extremely
During the **past 4 weeks**, how much did **pain** interfere with your normal work? (including both work outside the home and housework)	☐	☐	☐	☐	☐

These questions are about how you feel and how things have been with you **during the past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**.

5.6	Not at all	A little bit	Moderately	Quite a bit	Extremely
Have you felt calm and peaceful?	☐	☐	☐	☐	☐
Did you have a lot of energy?	☐	☐	☐	☐	☐
Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

5.7	All of the time	Most of the time	Some of the time	A little of the time	None of the time
During the past 4 weeks, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?	☐	☐	☐	☐	☐

6. <u>GENERAL MOOD AND WELLBEING.</u>

Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

6.1	Did not apply to	Applied to me to some	Applied to me a considerable	Applied to me very much, or

	me at all - NEVER	degree, or some of the time - SOMETIMES	degree, or a good part of time - OFTEN	most of the time – ALMOST ALWAYS
a. I found it hard to wind down	0	1	2	3
b. I was aware of dryness of my mouth	0	1	2	3
c. I couldn't seem to experience any positive feeling at all	0	1	2	3
d. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion.)	0	1	2	3
e. I found it difficult to work up the initiative to do things	0	1	2	3
f. I tended to over-react to situations	0	1	2	3
g. I experienced trembling (e.g. in the hands)	0	1	2	3
h. I felt that I was using a lot of nervous energy	0	1	2	3
i. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
j. I felt that I had nothing to look forward to	0	1	2	3
k. I found myself getting agitated	0	1	2	3
l. I found it difficult to relax	0	1	2	3
m. I felt down-hearted and blue	0	1	2	3
n. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
o. I felt I was close to panic	0	1	2	3
p. I was unable to become enthusiastic about anything	0	1	2	3
q. I felt I wasn't worth much as a person	0	1	2	3
r. I felt that I was rather touchy	0	1	2	3
s. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
t. I felt scared without any good reason)	0	1	2	3
u. I felt that life was meaningless	0	1	2	3

6.2 Have any of the following happened to you in the last year? *(Please select all that apply)*

- ☐ Serious illness or injury to yourself
- ☐ Serious illness or injury to a close relative
- ☐ Death of a close family member
- ☐ Death of a close family friend or relative
- ☐ Separation due to marital difficulties
- ☐ Broken off a steady relationship

☐ Serious problem with a close friend, neighbour or relative

☐ Unemployed/seeking work for more than one month

☐ Your own job loss (not voluntary)

☐ Major financial crisis

☐ Problems with police and court appearance

☐ Something valuable lost or stolen

7. SMOKING HISTORY

We would like to know whether you smoke cigarettes and if this has changed significantly over time.

7.1: Have you ever smoked?

☐ No (Go to Q7.7)

☐ Yes, just a few puffs (Go to Q7.7)

☐ Yes, fewer than 10 cigarettes in my life (Go to Q7.7)

☐ Yes, at least one cigarette per day for 3 months or longer (Go to 7.1a)

☐ Don't know (Go to Q8)

7.1a: The AGE when you **first** smoked at least one cigarette per day regularly**?**	7.2: The AMOUNT of cigarette(s) per day on average were you smoking at that time?	7.3: Did you CHANGE from number of cigarettes per day or did you ever stop smoking?	7.4: The AGE when pattern of smoking changed	7.5: HOW you changed your pattern of smoking?	7.6: Did you smoke regularly after that?
Years_____ Don't know ☐	Cigs/day_____ Don't know ☐	Yes (Go to 7.4) ☐ No (Go to Q8) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q7.6) ☐ Changed (Go to Q7.2) ☐ Don't know ☐	Yes (Go to 7.1) ☐ No (Go to Q8) ☐ Don't know ☐
The AGE when you **next** smoked at least one cigarette per day regularly**?**	The AMOUNT of cigarettes per day on average were you smoking **from** that time?	Did you CHANGE from number of cigarettes per day or did you ever stop smoking?	AGE when pattern of smoking changed	HOW you changed your pattern of smoking?	Did you smoke regularly after that?
Years_____ Don't know ☐	Cigs/day_____ Don't know ☐	Yes (Go to 7.4) ☐ No (Go to Q8) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q7.6) ☐ Changed (Go to Q7.2) ☐ Don't know ☐	Yes (Go to 7.1) ☐ No (Go to Q8) ☐ Don't know ☐
Years_____ Don't know ☐	Cigs/day_____ Don't know ☐	Yes (Go to 7.4) ☐ No (Go to Q8) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q7.6) ☐ Changed (Go to Q7.2) ☐ Don't know ☐	Yes (Go to 7.1) ☐ No (Go to Q8) ☐ Don't know ☐

Years________ Don't know ☐	Cigs/day______ Don't know ☐	Yes (Go to 7.4) ☐ No (Go to Q8) ☐ Don't know ☐	Years________ Don't know ☐	Stopped (Go to Q7.6) ☐ Changed (Go to Q7.2) ☐ Don't know ☐	Yes (Go to 7.1) ☐ No (Go to Q8) ☐ Don't know ☐
Years________ Don't know ☐	Cigs/day______ Don't know ☐	Yes (Go to 7.4) ☐ No (Go to Q8) ☐ Don't know ☐	Years________ Don't know ☐	Stopped (Go to Q7.6) ☐ Changed (Go to Q7.2) ☐ Don't know ☐	Yes (Go to 7.1) ☐ No (Go to Q8) ☐ Don't know ☐
Years________ Don't know ☐	Cigs/day______ Don't know ☐	Yes (Go to 7.4) ☐ No (Go to Q8) ☐ Don't know ☐	Years________ Don't know ☐	Stopped (Go to Q7.6) ☐ Changed (Go to Q7.2) ☐ Don't know ☐	Yes (Go to 7.1) ☐ No (Go to Q8) ☐ Don't know ☐

7.7: Over the past 3 years, have you lived for more than 6 months with anyone that smokes cigarettes/cigars?

☐ No

☐ Yes

7.8: Are you exposed to tobacco smoke at work?

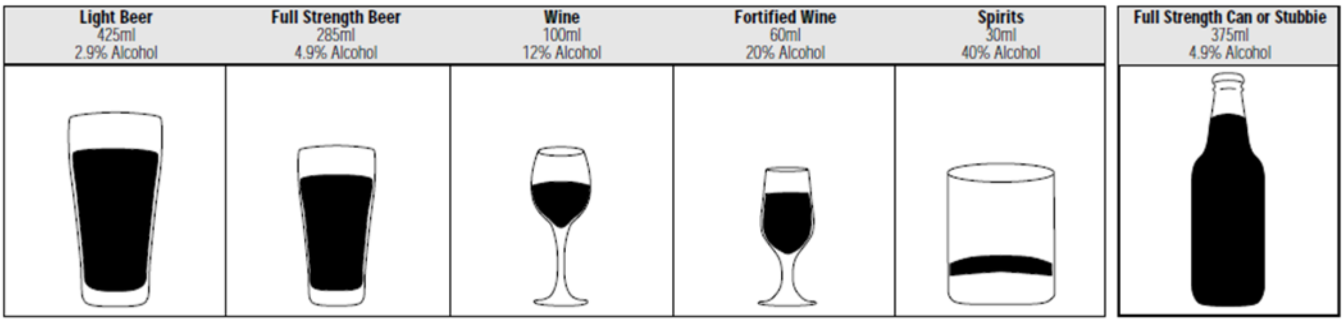
☐ No

☐ Yes

☐ I don't work

8. ALCOHOL HISTORY

We would like to know how many alcoholic drinks you usually consume and whether this has changed significantly over time. To assist you in your measurements please see the guide below:



The guide above contains examples of **one standard drink**. A full strength can or stubbie contains ***one and a half standard drinks***.

8.1: Have you ever consumed any alcoholic drinks, such as beer, wine or spirits, at least once a week for six months or longer?

☐ Yes (Go to 8.1a)

☐ No (Go to Q9)

☐ Don't Know (Go to Q9)

8.1a: The AGE when you **first** drank at least once a week for 6 months or longer?	8.2: The AMOUNT you drank per week at that time? (std drinks)	8.3: Did your drinking pattern CHANGE from this or did you ever stop drinking for 6 months or more?	8.4: How old were you then?	8.5: How did your drinking pattern change?
Years_____ Don't know ☐	Wine_____ Light beer_____ Beer_____ Spirits_____ Don't know ☐	Yes (Go to 8.4) ☐ No (Go to Q9) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q8.6) ☐ Changed (Go to Q8.6) ☐ Don't know ☐
8.6: Did you ever drink regularly after that? ☐ Yes (see below) ☐ No (go to Q9) ☐ Don't know				
Years_____ Don't know ☐	Wine_____ Light beer_____ Beer_____ Spirits_____ Don't know ☐	Yes (Go to 8.4) ☐ No (Go to Q9) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q8.6) ☐ Changed (Go to Q8.6) ☐ Don't know ☐
8.7: Did you ever drink regularly after that? ☐ Yes (see below) ☐ No (go to Q9) ☐ Don't know				
Years_____ Don't know ☐	Wine_____ Light beer_____ Beer_____ Spirits_____ Don't know ☐	Yes (Go to 8.4) ☐ No (Go to Q9) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q8.6) ☐ Changed (Go to Q8.6) ☐ Don't know ☐
8.8: Did you ever drink regularly after that? ☐ Yes (see below) ☐ No (go to Q9) ☐ Don't know				
Years_____ Don't know ☐	Wine_____ Light beer_____ Beer_____ Spirits_____ Don't know ☐	Yes (Go to 8.4) ☐ No (Go to Q9) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q8.6) ☐ Changed (Go to Q8.6) ☐ Don't know ☐
8.9: Did you ever drink regularly after that? ☐ Yes (see below) ☐ No (go to Q9) ☐ Don't know				
Years_____ Don't know ☐	Wine_____ Light beer_____ Beer_____	Yes (Go to 8.4) ☐	Years_____ Don't know ☐	Stopped (Go to Q8.6) ☐

	Spirits_____ Don't know ☐	No (Go to Q9) ☐ Don't know ☐		Changed (Go to Q8.6) ☐ Don't know ☐
8.10: Did you ever drink regularly after that? ☐ Yes (see below) ☐ No (go to Q9) ☐ Don't know				
Years_____ Don't know ☐	Wine_____ Light beer_____ Beer_____ Spirits_____ Don't know ☐☐	Yes (Go to 8.4) ☐ No (Go to Q9) ☐ Don't know ☐	Years_____ Don't know ☐	Stopped (Go to Q8.6) ☐ Changed (Go to Q8.6) ☐ Don't know ☐

9. DRUG USE

9.1a: Have you ever tried or used the following drugs for non-medicinal purposes in the past 12 months, and if so, on average, how often?

	Never	Only tried once	Less than monthly	About monthly	About weekly	daily	Don't know
Marijuana/cannabis	☐	☐	☐	☐	☐	☐	☐
Opioids (heroin morphine, pethidine)	☐	☐	☐	☐	☐	☐	☐
Amphetamines (speed, ecstasy, diet pills)	☐	☐	☐	☐	☐	☐	☐
Ritalin	☐	☐	☐	☐	☐	☐	☐
Methamphetamines (ice)	☐	☐	☐	☐	☐	☐	☐
Other Methamphetamines (MDMA, molly)	☐	☐	☐	☐	☐	☐	☐
Cocaine HCl (powder cocaine, coke)	☐	☐	☐	☐	☐	☐	☐
GHB (liquid ecstasy, liquid G, blue nitro, fantasy)	☐	☐	☐	☐	☐	☐	☐
Freebase cocaine (crack)	☐	☐	☐	☐	☐	☐	☐
Nitrous (laughing gas)	☐	☐	☐	☐	☐	☐	☐
Other inhalants (glue, petrol, solvents)	☐	☐	☐	☐	☐	☐	☐
Hallucinogens (LSD, acid, mushrooms, Ketamine,)	☐	☐	☐	☐	☐	☐	☐

Sedatives or sleeping pills e.g. Valium, Rohypnol (**for recreational use**)	☐	☐	☐	☐	☐	☐	☐
Painkiller/analgesics e.g. panadeine forte, nurofen plus (**for recreational use**).	☐	☐	☐	☐	☐	☐	☐
Methadone/Buprenorphine	☐	☐	☐	☐	☐	☐	☐
Other, please list							
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

10. WEIGHT

10.1: Do you remember what your weight when you were *between 18 and 21 years old*?

Stones_____and_____Pounds OR Kilograms_____ Don't know ☐

11. BREAST SURGICAL HISTORY

Question	YES	NO	Don't know
11.1: Have you ever had breast reduction surgery?	☐	☐	☐
11.2: Have you ever had breast enlargement surgery?	☐	☐	☐
11.3: Has a doctor ever told you that you had benign breast disease, such as a non-cancerous cyst or a breast lump that was NOT removed? 11.4: How old were you when this was first diagnosed? _____	☐	☐	☐
11.5: Have you ever had a benign breast lump REMOVED such as a non-cancerous cyst? a) First Lump AGE REMOVED_____years Left ☐ Right ☐ Don't Know ☐ b) Second Lump AGE REMOVED_____years Left ☐ Right ☐ Don't Know ☐	☐	☐	☐

11.6: Have you ever had a breast lump that was diagnosed as an in-situ cancer? a) How old were you when this was first diagnosed? _____ b) What side breast was it? Left ☐ Right ☐ Don't Know ☐	☐	☐	☐
11.7: Have you ever had a breast lump that was diagnosed as DCIS or ductal carcinoma in situ? a) How old were you when this was first diagnosed? _____ b) What side breast was it? Left ☐ Right ☐ Don't Know ☐	☐	☐	☐
11.8: Have you ever been DIAGNOSED with malignant breast cancer? a) First Lump AGE OF DIAGNOSIS_____years Left ☐ Right ☐ Don't Know ☐ b) Second Lump AGE OF DIAGNOSIS_____years Left ☐ Right ☐ Don't Know ☐	☐	☐	☐

12. REPRODUCTIVE HISTORY

12.1: How old were you when you had your first period? _____

12.2: Have you ever had a pregnancy?

☐ No (*Please go to Q13.1)*

☐ Yes (*Please go to Q12.2a)*

☐ Don't know (*Please go to Q13.1)*

12.2a. If Yes, How many pregnancies have you had? _____

12.2b. Are you currently pregnant?

☐ No (*Please go to 12.3)*

☐ Yes (*Please go to 12.2c)*

12.2c. If pregnant, how many months are you?

_____

12.2d. Are you currently breastfeeding?

☐ No

☐ Yes

12.3 Information on pregnancy, birth and baby

12.3a First pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
O Livebirth- single		
O Livebirth - twins		
O Livebirth - triplets		
O Stillbirth		
O Miscarriage		
O Ectopic		
O Termination		
O Don't know		
Sex of baby(ies) ☐Male ☐Female	**Did you breast feed?** ☐No ☐Yes	**If YES, how long did you breast feed? (number of weeks or months)**

12.3b Second pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
O Livebirth- single		
O Livebirth - twins		
O Livebirth - triplets		

O Stillbirth		
O Miscarriage		
O Ectopic		
O Termination		
O Don't know		
Sex of baby(ies) ☐Male ☐Female	**Did you breast feed?** ☐No ☐Yes	**If YES, how long did you breast feed? (number of weeks or months)**

12.3c Third pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
O Livebirth- single		
O Livebirth - twins		
O Livebirth - triplets		
O Stillbirth		
O Miscarriage		
O Ectopic		
O Termination		
O Don't know		
Sex of baby(ies) ☐Male ☐Female	**Did you breast feed?** ☐No ☐Yes	**If YES, how long did you breast feed? (number of weeks or months)**

12.3d: Fourth pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
O Livebirth- single		
O Livebirth - twins		
O Livebirth - triplets		

O Stillbirth		
O Miscarriage		
O Ectopic		
O Termination		
O Don't know		
Sex of baby(ies) ☐Male ☐Female	**Did you breast feed?** ☐No ☐Yes	**If YES, how long did you breast feed? (number of weeks or months)**

12.3e: Fifth pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
O Livebirth- single		
O Livebirth - twins		
O Livebirth - triplets		
O Stillbirth		
O Miscarriage		
O Ectopic		
O Termination		
O Don't know		
Sex of baby(ies) ☐Male ☐Female	**Did you breast feed?** ☐No ☐Yes	**If YES, how long did you breast feed? (number of weeks or months)**

12.3f: Sixth pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
O Livebirth- single		
O Livebirth - twins		

O Livebirth - triplets		
O Stillbirth		
O Miscarriage		
O Ectopic		
O Termination		
O Don't know		
Sex of baby(ies) ☐Male ☐Female	**Did you breast feed?** ☐No ☐Yes	**If YES, how long did you breast feed? (number of weeks or months)**

12.3g: Information on additional pregnancies

13: CONTRACEPTIVE USE AND MENSTRUATION

13.1: Do you currently use contraception?

☐ No *(Please go to Q13.3)*

☐ Yes

13.2: What kind of contraception do you use? (*tick all that apply*)

☐ Male condoms

☐ Female condoms

☐ Diaphragm

☐ Oral contraceptive pill (*please give the name:* _____)

☐ Coil

☐ Injection (Depo Provera)

☐ Implant (e.g. Implanon)

☐ Inter uterine device (IUD, Ring)

☐ Sterilisation (vasectomy, tubal ligation)

☐ Contraceptive vaginal ring

☐ Other (please specify) ……..

13.3: What was the approximate date of your last menstrual period (first day)
___ /___ /_____

13.3b: If your periods have stopped for more than 12 months, why did they stop? *(Select one answer only)*

☐ Periods have not stopped

☐ Irregular periods (no contraception use)

☐ Contraception use

☐ Natural menopause (that is, periods stopped by themselves)

☐ Hysterectomy (uterus or womb removed)

☐ Both ovaries removed

☐ Radiation or chemotherapy

☐ Pregnant/breast feeding

☐ Serious illness (e.g. Anorexia)

☐ Strenuous exercise

☐ Don't Know

☐ Other, specify reason_____

14. FAMILY HISTORY OF BREAST AND OVARIAN CANCER

We would like to know about the history of breast or ovarian cancer in your family

14.1: Have any of your relatives ever had breast or ovarian cancer?

☐ No (End of survey)

☐ Yes, *please indicate below*

14.2:

Has your **MOTHER** ever had breast cancer or ovarian cancer?	If YES, how old was she when first diagnosed?
Yes, breast cancer ☐ Yes, ovarian cancer ☐ No ☐ Don't Know ☐	Years:_____ Don't Know ☐

Have any of your sisters ever had breast or ovarian cancer?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES yes, how old were they when first diagnosed?	If YES how old were they when first diagnosed?
	Sister 1	**Sister 2**	**Sister 3**	**Sister 4**	**Sister 5**
Yes, breast ☐ Yes, ovarian ☐ No ☐ Don't Know ☐ No sisters ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐

14.3:

Have any of your daughters ever had breast or ovarian cancer?	If YES how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?
	Daughter 1	**Daughter 2**	**Daughter 3**	**Daughter 4**	**Daughter 5**
Yes, breast ☐ Yes, ovarian ☐ No ☐ Don't Know ☐ No daughters ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐

14.4:

Are there any aunts on your father's side who have had breast or ovarian cancer?	If YES, how old were they when first diagnosed?	If YES how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES how old were they when first diagnosed?
	Aunt 1	**Aunt 2**	**Aunt 3**	**Aunt 4**	**Aunt 5**
Yes, breast ☐ Yes, ovarian ☐ No ☐ Don't Know ☐ No Aunt ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐

14.5:

Are there any aunts on your mother's side who have had breast or ovarian cancer?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES, how old were they when first diagnosed?	If YES yes, how old were they when first diagnosed?
	Aunt 1	**Aunt 2**	**Aunt 3**	**Aunt 4**	**Aunt 5**
Yes ☐ No ☐ Don't Know ☐ No Aunt ☐	Years:____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐

14.6

Has either of your grandmothers had breast cancer**?**	If yes, how old were they when first diagnosed? **Maternal**	If yes, how old were they when first diagnosed? **Paternal**
Yes – maternal ☐ Yes – paternal ☐ No ☐ Don't Know ☐	Years:_____ Don't Know ☐	Years:_____ Don't Know ☐

Thank you for completing this Survey☺

If you have any comments- please write them here