

1. Your occupation?

2. Your Age?

- A. 0-17
- B. 18-29
- C. 30-39
- D. 40-49
- E. 50 or above

3. Your educational background?

- A. Primary School
- B. Secondary School or Technical Secondary School
- C. High School or Technical High School
- D. Undergraduate or College
- E. Master
- F. Doctor
- G. Otherwise

4. Do you possess the habit of drinking alcohol?

- A. Yes
- B. No

5. Do you possess the habit of smoking cigarettes?

- A. Yes
- B. No

6. Do you possess the habit of doing physical exercise regularly?

- A. Yes
- B. No

7. Please describe your characteristic portrait briefly

8. Your gender?

- A. Male
- B. Female

(Question 9 to 16 are adjusted based on the result of question 8)

9. Are you fertile?

- A. Yes
- B. No

10. How many times have you given birth?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4 or above

11. Do you feed by breast?

- A. Yes
- B. No
- C. Never given birth

12. The period of feeding by breast?

- A. Within 12 months
- B. 1-2 years
- C. 2-3 years
- D. Longer than 3 years
- E. Never given birth

13. How many times have you terminated a pregnancy?

- A. 0
- B. 1
- C. 2
- D. 3 or more

14. When did you have menarche?

- A. Never
- B. Before 11
- C. 11-14
- D. 15-18
- E. Older Than 18

15. Do you have a regular menstrual cycle?

- A. Yes
- B. No

16. Do you suffer from or have had breast-related diseases?

- A. Yes
- B. No

17. Do you often feel distending pain or bump sense in the breast?

- A. Yes
- B. No

18. Have you ever had nipple discharge?

- A. Yes
- B. No

19. Do you often consume health care products or contraceptives containing estrogen?

- A. Yes
- B. No

20. Do you often feel anxious or distressed?

- A. Yes
- B. No

21. Do you have a preference for high-calorie and high-fat food?

- A. Yes
- B. No

22. Do you have the habit of staying up?

- A. Yes
- B. No

23. Do you take check-ups regularly?

- A. Yes
- B. No

24. Are you familiar with breast-related diseases to an extent?

- A. Yes
- B. No

25. Are you familiar with current treatment methods and medicines for breast-related diseases to an extent?

- A. Yes
- B. No

26. Have your family ever suffered from breast cancer or breast sarcoma?

- A. Yes
- B. No

27. Your age of onset and how long did the disease span?

28. Which type(s) of the following breast-related diseases have you suffered from?

- A. Breast Galactoceles
- B. Polymastia
- C. Breast Hyperplasia
- D. Mastitis
- E. Breast Fibroadenoma
- F. Breast Sarcoma
- G. Breast Cancer
- H. Otherwise

29. Which of the following inspections have you had during your treatment?

- A. Breast Inspection
- B. Breast Mammogram
- C. Fine Needle Aspiration Biopsy
- D. Blood Test
- E. CT or MRI
- F. Molybdenum Target Mammogram
- G. Tissue Biopsy Inspection
- H. Mammoscopy
- I. Otherwise

30. Which of the following symptoms have you had in the early stage of your disease?

- A. Periodic Pain in Breast and Sense of Bump
- B. Nipple Discharge
- C. Irregular Menstruation, Anxious or Depressed
- D. Local Skin Hyperthermia, Redness, Skin Abscess
- E. Swollen Lymph Nodes
- F. Dimpling of The Breast Tissue, Orange Peel Alike
- G. Inverted Nipples
- H. Otherwise

31. What kind of medicine have you taken during treatment?

32. Which of the following treatment methods have you adopted?

- A. Medicine
- B. Traditional Chinese Medicine Therapy
- C. Resection Operation
- D. Laser Therapy
- E. Chemotherapy
- F. Radiotherapy
- G. Endocrine Therapy
- H. Targeted Therapy
- I. Self-healing
- J. Otherwise

33. Have the disease you suffered from caused any complications?

A. Yes

B. No

34. Are you cured of the disease you have suffered?

A. Yes

B. No

35. Please share touching stories, if have any, during your treatment.

36. Do you have a regular medical prognosis or physical check-up?

A. Yes

B. No

37. Have you applied for social aid in the process of your treatment? If you had, please elaborate.

38. Your geological location?