Quality of Life – Breast Cancer

REGISTRY ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐ FORM CODE: FAM VERSION:A 02/07/12 Event ☐☐ SEQ # ☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Enter the answer given by the participant for each response.

*The next questions I am going to ask you are about problems that you may or may not have experienced over the **past 7 days**. I will read you a statement and would like you to tell me how this applies to you by answering not at all, a little bit, somewhat, quite a bit, or very much. Please remember when answering, we are interested in the **past 7 days**.*

1. You had been short of breath..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
2. You had been self-conscious about the way you dress..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
3. One or both of your arms were swollen or tender. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
4. You felt sexually attractive. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
5. You were bothered by hair loss..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
6. You worried that other members of your family might someday get the same illness you have. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
7. You worried about the effect of stress on your illness..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
8. You were bothered by a change in weight. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
9. You were able to feel like a woman..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
10. You had certain parts of your body where you experienced pain. ..... ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

Menopause

REGISTRY ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐ FORM CODE: MRS VERSION:A 02/07/12 Event ☐☐ SEQ # ☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Enter the answer given by the participant for each response.

0c. Check the cancer-specific questionnaire where the MRS/MENQOL questions are answered.

☐ 0c1. Breast
☐ 0c2. Ovarian
☐ 0c3. Endometrial

The next questions I am going to ask you are about symptoms that you may or may not be experiencing. I will read you a symptom and would like you to tell me how this affects you by answering none, mild, moderate, severe, or extremely severe.

MRS

	None	Mild	Moderate	Severe	Extremely Severe
1. Hot flashes, sweating (episodes of sweating)	☐	☐	☐	☐	☐
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	☐	☐	☐	☐	☐
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)	☐	☐	☐	☐	☐
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	☐	☐	☐	☐	☐
5. Irritability (feeling nervous, inner tension, feeling aggressive)	☐	☐	☐	☐	☐
6. Anxiety (inner restlessness, feeling panicky)	☐	☐	☐	☐	☐

	None	Mild	Moderate	Severe	Extremely Severe
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	☐	☐	☐	☐	☐
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)	☐	☐	☐	☐	☐
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).	☐	☐	☐	☐	☐
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	☐	☐	☐	☐	☐
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	☐	☐	☐	☐	☐

MENQOL

	None	Mild	Moderate	Severe	Extremely Severe
12. Flatulence (wind) or gas pains	☐	☐	☐	☐	☐
13. Decrease in physical strength	☐	☐	☐	☐	☐
14. Decrease in stamina	☐	☐	☐	☐	☐
15. Drying skin	☐	☐	☐	☐	☐
16. Increased facial hair	☐	☐	☐	☐	☐
17. Changes in appearance, texture or tone of your skin	☐	☐	☐	☐	☐
18. Feeling bloated	☐	☐	☐	☐	☐

Breast Exposure, Disease, and Biopsy

REGISTRY ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐ FORM CODE: EDB VERSION:A 02/09/12 Event ☐☐ SEQ # ☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Enter the answer given by the participant for each response.

The next few questions are about mammograms. As you probably know, a mammogram is an X-ray of the breast that is taken by a machine that presses against the breast while the picture is being taken.

1. Have you ever had a mammogram? ..... ☐ Y Yes ☐ N No →Go to item 5

2. How old were you when you had your first mammogram? ..... ☐☐☐ 10-90

3a. How many mammograms did you have before age 40? ..... ☐☐ 0-20

3b. How many mammograms did you have between age 40-49? ..... ☐☐ 0-20

3c. How many mammograms did you have at age 50 or older? ..... ☐☐ 0-40

4. In the past TWO years, how many mammograms have you had? ..... ☐☐ 0-20

These next questions are about x-rays you may have had other than mammograms.

5. Have you ever had a chest x-ray other than a mammogram? ..... ☐ Y Yes ☐ N No →Go to item 9

6. How many times in your life have you had a chest x-ray? ..... ☐ 1-4

   1 to 5 1
   6 to10 2
   11 to 30 3
   Greater than 30 4

7. How old were you when you first had a chest x-ray? ..... ☐ 1-7

Younger than 10 years old 1
10-14 years old 2
15-19 years old 3
20-29 years old 4
30-39 years old 5
40-49 years old 6
50 years or older 7

8. How old were you when you last had a chest x-ray? ..... ☐ 1-7

Younger than 10 years old 1
10-14 years old 2
15-19 years old 3
20-29 years old 4
30-39 years old 5
40-49 years old 6
50 years or older 7

Now I would like to ask you about radiation treatments you may have had. These might have been called cobalt, radium, radio-isotopes, or x-ray therapy.

	a. Have you ever had radiation to treat or monitor any (other) condition?	b. Name of condition:	c. What body part was treated?	d. What was your age at first treatment?	e. What was your age at last treatment?
9. First condition that required radiation	☐ Y ☐ N →Go to item 12			☐☐	☐☐
10. Second condition that required radiation	☐ Y ☐ N →Go to item 12			☐☐	☐☐
11. Third condition that required radiation	☐ Y ☐ N →Go to item 12			☐☐	☐☐

Now I am going to ask you about other breast conditions that you may have had in the past.

	a. Have you ever been told by a doctor that you had a (or another) breast condition or breast disease that was not breast cancer?	b. What non-cancer breast condition were you told that you had?	c. Was this condition in your right, left or both breasts?	d. How old were you when this diagnosis was made?
12. First breast diagnosis	☐ Y ☐ N →Go to item 16		Right Left Both	☐☐
13. Second breast diagnosis	☐ Y ☐ N →Go to item 16		Right Left Both	☐☐
14. Third breast diagnosis	☐ Y ☐ N →Go to item 16		Right Left Both	☐☐
15. Fourth breast diagnosis	☐ Y ☐ N →Go to item 16		Right Left Both	☐☐

Now I am going to ask you about breast biopsies that you may have had in the past.

16. Have you ever had a biopsy of your breasts using a surgical procedure or a needle biopsy?..... ☐ Y Yes ☐ N No →Go to Next Form

17. How many breast biopsies have you had?..... ☐ 1-4

One.....1
Two.....2
Three.....3
More than three.....4

18. Were you told that any of the biopsies showed atypical hyperplasia, atypia, or abnormal cells?..... ☐ Y Yes ☐ N No