

PATIENT INFORMATION

Clinic Site: SFGH UCSF

Site Coord. Initials:

First Name:

Last Name:

Study ID:

DOB:

Mammo Result:
 1 2 3 4 n/a

Language:

這是一個有關你健康的研究。
你的參與是自願的，你隨時可以停。
你的資料只會被你的醫生及研究團隊看到。
你將會收到一張十五元的禮卷。
如果你有任何問題，請向研究助理人員詢問。

請點選你的答案!

我願意參加

我不願意參加

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你是否做過乳房X光檢查？

沒有

有



你上一次做乳房X光檢查是什麼時候？

請給我們你最好的猜測!!

1 年內

1 到 2 年前

2 到 3 年前

超過 4 年前



你是否做過乳房活體組織切片檢驗？
(這是醫生用針或手術取出你的乳房細胞。)

沒有

有

不知道



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你希望如何顯示你的身高？

英尺 及 英寸

或

公尺 及 公分

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你的活體組織切片檢驗是否發現任何非典型性增生，也叫非典型性障礙？

沒有

有

不知道

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你希望如何顯示你的身高？

英尺 及 英寸

或

公尺 及 公分

◀ 上一頁

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你有多高？

如果你不知道，請給我們你最好的猜測。

 英尺 3 4 5 6 清除 英寸 1 2 3 4 5 6 7 8 9 0 清除

你希望如何顯示你的體重？

英磅

或

公斤



你有多重？

如果你不知道，請給我們你最好的猜測。

英磅

1 2 3

4 5 6

7 8 9

0

清除



你第一次來月經是多大年齡？

請給我們你最好的猜測!!

未滿 12 歲

12 或 13 歲

14 歲或更大

不知道



你是否生過孩子？

沒有

有



你是在多大年齡生第一個孩子？

請給我們你最好的猜測!!

未滿 20 歲

20 至 24 歲

25 至 29 歲

30 至 39 歲

40 歲或更大



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你目前是否服用 Tamoxifen 或 Raloxifene?
這些藥物也被稱為 Nolvadex 或 Evista。

沒有

有

不知道



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**Which of the following medications
are you currently taking?**

Tamoxifen (Nolvadex)

Raloxifene (Evista)



Are any of your grandparents Jewish?

No

Yes

I don't know



Has a doctor ever told you that you have ovarian cancer?

No

Yes

I don't know



The following questions are about your blood relatives, including your parents, siblings, children, grandparents, aunts and uncles who are siblings of your parents.

(Please do not include people related by marriage or adoption)



**Have any of your blood relatives been diagnosed
with ovarian cancer?**

No

Yes

I don't know



**Which of these blood relatives were diagnosed
with ovarian cancer?**

Choose all that apply.

Mother

Sister(s)

Daughter(s)

Grandmother on your Father's Side

Grandmother on your Mother's Side

Aunt(s) on your Father's Side

Aunt(s) on your Mother's Side

Other relative(s)



How many of your sisters were diagnosed
with ovarian cancer?

1

2 or more



How many of your daughters were diagnosed
with ovarian cancer?

1

2 or more



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How many of your aunts on your father's side were diagnosed with ovarian cancer?

1

2 or more



How many of your aunts on your mother's side were diagnosed with ovarian cancer?

 1 2 or more

**Have any of your blood relatives been diagnosed
with breast cancer?**

No

Yes

I don't know



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Have any of your male blood relatives been diagnosed with breast cancer?

This includes your father, brothers, uncles, grandfathers, and sons.

No

Yes

I don't know



How many of your male blood relatives have been diagnosed with breast cancer?

1

2

3

4 or more



Have any of your female blood relatives been diagnosed with breast cancer?

No

Yes

I don't know



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Which of these blood relatives were diagnosed with breast cancer?

Choose all that apply.

Mother

Sister(s)

Daughter(s)

Grandmother on your Father's Side

Grandmother on your Mother's Side

Aunt(s) on your Father's Side

Aunt(s) on your Mother's Side

Other relative(s)



How many of your sisters were diagnosed with breast cancer?

1

2 or more



How many of your daughters were diagnosed with breast cancer?

1

2 or more



How many of your aunts on your father's side were diagnosed with breast cancer?

1

2 or more



How many of your aunts on your mother's side were diagnosed with breast cancer?

1

2 or more



Were any of your blood relatives diagnosed
with breast cancer before age 51?

No

Yes

I don't know



How many of your blood relatives were diagnosed
with breast cancer **before age 51**?

1

2 or more



Have you ever had genetic counseling?

(This is when you have a special appointment to talk with a health professional about your family's cancer history.)

No

Yes

I don't know



Have you ever had the blood or saliva test to find changes in the breast cancer gene?

No

Yes

I don't know



What was the result of the breast cancer gene blood or saliva test?

Negative

BRCA1 positive

BRCA2 positive

BRCA1 & BRCA2 positive

I don't know



How often do you have a drink containing alcohol?

(This includes drinks like beer, wine, wine coolers, and liquor.)

Never

Once a month or less

Once a week

Twice a week

Every other day

Every day



On a typical day when you drink, how many drinks do you have?

(A drink is 1 can/bottle of beer or wine cooler, 1 glass of wine,
1 cocktail, or 1 shot of liquor.)

1

2 or 3

4 or 5

6 or 7

8 or more



How much moderate (like fast walking) to vigorous (like running) exercise do you do each week?

None

1 hour each week

2-3 hours each week

4-7 hours each week

More than 7 hours each week



Are you of Hispanic, Latino, or Spanish origin?

No

Yes



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What is your racial or ethnic background?

Please choose the group that you most identify with.

White

Black or African American

Native American or Alaska Native

Asian or Asian American

Other



Which of the following best describes your ethnicity?

Please choose the ethnicity that you most identify with.

Chinese

Japanese

Filipino

Hawaiian

Vietnamese

Other Pacific Islander

Other Asian American



謝謝你！

請等待研究助理打印你的個人報告。

請注意，本報告旨在為教育和提供參考，不應作為特定診斷、治療或護理的依據。這報告的內容絕對不能用來替代醫療諮詢。我們極力建議你與合格的醫務人員討論你的情況。