

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:

This study is about your health.

Participation in this study is voluntary and you can stop at any time.

Your information will only be shared with your physician and the research team.

We will ask you to complete a 10-minute follow-up phone survey within 2 weeks.

You will receive a \$15 gift card after the study.

If you have any questions, please ask the Research Assistant.

Tap your answer!

I agree to participate

I do not want to participate

Tap 'NEXT'



Have you ever had a mammogram?

No

Yes



When was your last mammogram?

Give us your best guess!!

Less than 1 year ago

1-2 years ago

2-3 years ago

4 or more years ago



Have you ever had a breast biopsy?

(This is when a doctor takes cells or tissue from your breast with a needle or surgery.)

No

Yes

I don't know



How many breast biopsies have you had?

One

More than one



Did any biopsy show atypical hyperplasia, also called atypia?

No

Yes

I don't know



Do you want to show your height in...?

Feet & Inches

OR

Meters & Centimeters



How tall are you?

If you don't know, please choose your best estimate.

 Feet Inches 

How tall are you?

If you don't know, please choose your best estimate.

 Meters Centimeters 

Do you want to show your weight in...?

Pounds

OR

Kilograms



How much do you weigh?

If you don't know, please choose your best estimate.

Pounds

1	2	3
4	5	6
7	8	9
0		
clear		



How much do you weigh?

If you don't know, please choose your best estimate.

Kilograms

1	2	3
4	5	6
7	8	9
0		
clear		



How old were you when you had your first menstrual period?
Give us your best guess!!

Younger than 12

12 or 13

14 or Older

I don't know



Have you ever given birth?

No

Yes



How old were you when your first child was born?
Give us your best guess!!

Younger than 20

20 to 24

25 to 29

30 to 39

40 or older



Do you still have menstrual periods?

No

Yes

I don't know



When was your last period?

Less than one year ago

More than one year ago

I don't know



Are you currently taking hormone therapy medicine?

(These are female hormones prescribed for women after menopause.)

No

Yes – for less than 5 years

Yes – for 5 years or more

I don't know



**Which of the following hormone medications
are you currently taking?**
(In the form of a pill, patch, or injection.)

Estrogen *only*

Progestin *only*

Estrogen & Progestin *combined*

I'm taking a hormone medication
but I don't know what it is.



**Are you currently taking
Tamoxifen (Nolvadex) or Raloxifene (Evista)?**

No

Yes

I don't know



**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



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



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



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?



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



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



Thank you!

Please wait for the research assistant to print your personal report.

Please note that this report is intended for educational and informational purposes only. It should NOT be relied upon for any particular diagnosis, treatment or care. In no way should this information be used as a substitute for medical advice. We strongly recommend discussing your situation with a qualified medical professional.

Thank you for your time.

Please notify the research assistant that you are done.

