



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



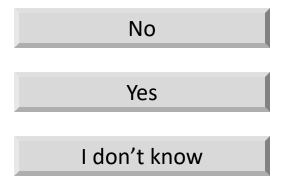






Have you ever had a breast biopsy?

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











How many breast biopsies have you had?

One

More than one

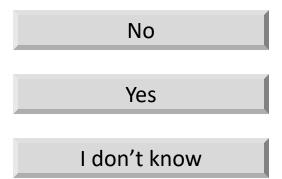








Did any biopsy show atypical hyperplasia, also called atypia?











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

Feet & Inches

OR

Meters & Centimeters



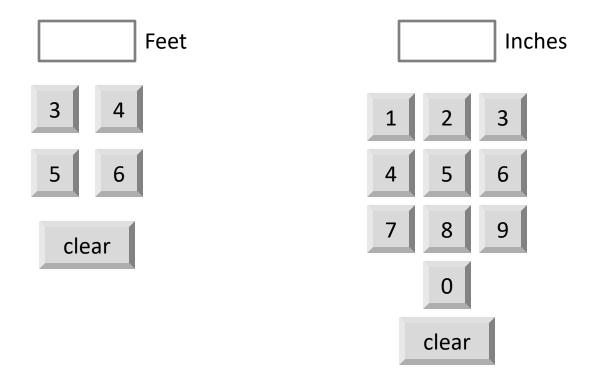






How tall are you?

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





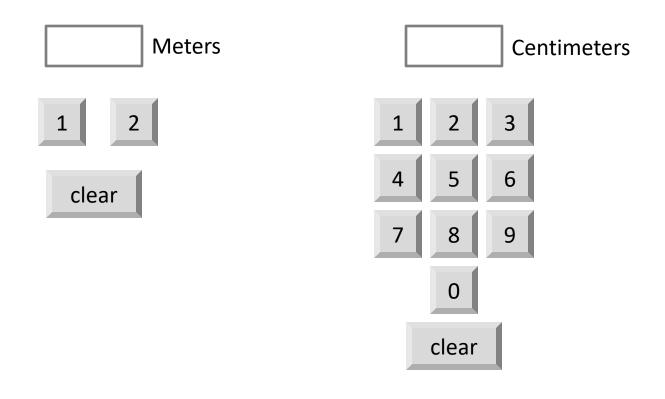






How tall are you?

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











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

Pounds

OR

Kilograms



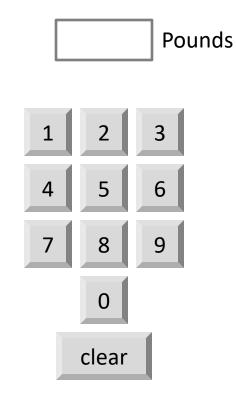






How much do you weigh?

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





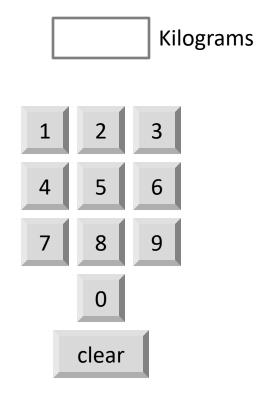






How much do you weigh?

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











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

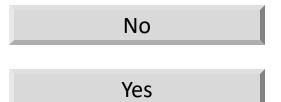








Have you ever given birth?











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









When was your last period?

Less than one year ago

More than one year ago









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









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









Which of the following medications are you currently taking?

Tamoxifen (Nolvadex)

Raloxifene (Evista)









Are any of your grandparents Jewish?

No Yes









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

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 <u>ovarian cancer</u>?

No	
Yes	
I don't know	









Which of these blood relatives were diagnosed with <u>ovarian cancer</u>?

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 <u>sisters</u> were diagnosed with <u>ovarian cancer</u>?

1









How many of your <u>daughters</u> were diagnosed with <u>ovarian cancer</u>?

1









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

1









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

1









Have any of your blood relatives been diagnosed with <u>breast cancer</u>?

Yes
I don't know



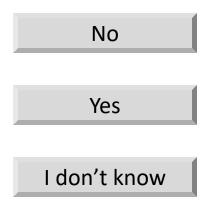






Have any of your <u>male</u> blood relatives been diagnosed with breast cancer?

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











How many of your <u>male</u> blood relatives have been diagnosed with breast cancer?









Have any of your <u>female</u> blood relatives been diagnosed with breast cancer?











Which of these blood relatives were diagnosed with <u>breast cancer</u>?

Choose all that apply.

Mother

Sister(s)

Grandmother on your Father's Side

Aunt(s) on your Father's Side

Daughter(s)

Grandmother on your Mother's Side

Aunt(s) on your Mother's Side

Other relative(s)









How many of your <u>sisters</u> were diagnosed with <u>breast cancer</u>?

1









How many of your <u>daughters</u> were diagnosed with <u>breast cancer</u>?

1









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

1









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

1









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









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.)

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.)

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.

