**BREAST CANCER FAMILY REGISTRY**

**TREATMENT QUESTIONNAIRE**

The following questions ask about treatment given for your breast cancer diagnosed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (**INSERT DX DATE**). Treatment is usually given within the first year of the diagnosis. Please do not include treatment given for any cancer that might have occurred after the original treatment.

1. At the time that the cancer in the breast was diagnosed, was it ..... **(CHECK ONE ANSWER)**

1 Only in the breast with or without spread to lymph glands

2 Spread to other sites besides the breast and lymph glands

2. Did you have surgery for this breast cancer diagnosed in \_\_\_\_\_\_\_\_\_? (**INSERT DX DATE**)

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 4.**

**IF YES:**

3. What type of surgery did you have?  **CIRCLE ALL THAT APPLY**

1 Lumpectomy or removal of just the cancer

2 Mastectomy or removal of the entire breast

9 Don’t Know

4. Did you have radiation for this breast cancer?

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 6.**

**IF YES:**

5. Did you have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? **CIRCLE ALL THAT APPLY**

1 Radiation to the breast after lumpectomy

2 Radiation to the chest after mastectomy

3 Other **(PLEASE SPECIFY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 Don’t know

6. Did you have hormonal therapy for this breast cancer? Examples include tamoxifen, anastrozole (Arimidex), letrozole, (Femara), exemestane (Aromasin), or GnRH agonist (Zoladex, triptorelin, Lupron, leuprolide).

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 8.**

**IF YES:**

7. What medicines did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9 Don’t know

8. Did you have chemotherapy for this breast cancer?

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 10.**

**IF YES:**

9. What chemotherapy drugs did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9 Don’t know

10. Did you have an oophorectomy (removal of ovaries) as treatment for this breast cancer?

1 Yes

2 No

11. Since your breast cancer diagnosis in \_\_\_\_\_\_\_\_\_ **(INSERT DX DATE)**, did the breast cancer come back or did you have cancer in the opposite breast?

1. Yes
2. No 🡪 **PLEASE GO TO END**

**IF YES:**

12. Where in the body did this cancer occur? **CHECK ALL THAT APPLY**

1 Same breast **🡪 PLEASE GO TO END**

2 Lymph glands **🡪 PLEASE GO TO END**

3 Skin **🡪 PLEASE GO TO END**

4 Bone **🡪 PLEASE GO TO END**

5 Liver **🡪 PLEASE GO TO END**

6 Lung **🡪 PLEASE GO TO END**

7 Brain **🡪 PLEASE GO TO END**

8 Other **(SPECIFY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🡪 **PLEASE GO TO END**

9 Opposite breast 🡪 **PLEASE GO TO QUESTION 13.**

13. On what date was the cancer in the opposite breast diagnosed? \_\_\_\_\_\_\_\_\_\_\_ **(MONTH/DAY/YEAR)**

14. At the time that the cancer in the opposite breast was diagnosed, was it ..... **(CHECK ONE ANSWER)**

1 Only in the breast with or without spread to lymph glands

2 Spread to other sites besides the breast and lymph glands

**The following questions ask about treatment given for the cancer in the opposite breast. Please do not include treatment given for any cancer that might have occurred after the diagnosis of the cancer in the opposite breast.**

15. Did you have surgery for this cancer in the opposite breast?

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 17.**

**IF YES:**

16. What type of surgery did you have?  **CIRCLE ALL THAT APPLY**

1 Lumpectomy or removal of just the cancer

2 Mastectomy or removal of the entire breast

9 Don’t know

17. Did you have radiation for this cancer in the opposite breast?

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 19.**

**IF YES:**

18. Did you have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? **CIRCLE AS MANY AS APPLY**

1 Radiation to the breast after lumpectomy

2 Radiation to the chest after mastectomy

3 Other **(PLEASE SPECIFY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 Don’t know

19. Did you have hormonal therapy for this cancer in the opposite breast? Examples include tamoxifen, anastrozole (Arimidex), letrozole, (Femara), exemestane (Aromasin), or GnRH agonist (Zoladex, triptorelin, Lupron, leuprolide).

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 21.**

**IF YES:**

20. What medicines did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9 Don’t know

21. Did you have chemotherapy for this cancer in the opposite breast?

1 Yes

2 No 🡪 **PLEASE GO TO QUESTION 23.**

**IF YES:**

22. What chemotherapy drugs did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9 Don’t know

23. Has the cancer recurred or come back after the treatments listed above?

1 Yes

2 No 🡪 **PLEASE GO TO END**

**IF YES:**

24. At which site in the body did the cancer come back? **CIRCLE ALL THAT APPLY**

1 Same breast

2 Lymph glands

3 Skin

4 Bone

5 Liver

6 Lung

7 Brain

8 Other **(PLEASE SPECIFY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END** Thank you for taking the time to complete this questionnaire.