Young Women's Study - Phase 2 Questionnaires

Table of Contents

To go to one of the following sections, press Ctrl + Click to follow the link.

Note: These survey modules will be administered online using Qualtrics. Links to the online surveys can be found at the beginning of each module section in this document.

Module A: Screening and Surgeries

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_2rFhhwVkiMTuw5L?Q_SurveyVersionID=current&Q_CHL=preview

A1. Screening

The next questions ask about breast cancer screening.

1. Have you ever had a mammogram?
   - ☐ Yes
   - ☐ No → *go to Question 4*
   - ☐ Don't know → *go to Question 4*

2. How old were you when you had your first mammogram?
   - ☐ _____years
   - ☐ Don't Know

3. How old were you when you had your most recent mammogram?
   - ☐ _____years
   - ☐ Don't Know

4. Have you ever had a breast MRI, which is magnetic resonance imaging of the breast?
   - ☐ Yes
   - ☐ No → *go to next section*
   - ☐ Don't know → *go to next section*

5. How old were you when you had your first breast MRI?
   - ☐ _____years
   - ☐ Don't Know

6. How old were you when you had your most recent breast MRI?
   - ☐ _____years
   - ☐ Don't Know

A2. Benign Breast Disease

The next questions ask about breast biopsies and benign breast disease.

1. How many breast biopsies have you had, regardless of result?

   _____ (Dropdown selection with options 0, 1, 2, 3, 4, 5, 6, don't know)

   If "0" selected → *go to next section*

2. Have you ever had a breast biopsy resulting in a diagnosis of benign or non-cancerous breast disease, such as lobular carcinoma *in situ* (LCIS), atypical ductal hyperplasia (ADH), or fibroadenoma?
   - ☐ Yes
   - ☐ No → *go to next section*
   - ☐ Don't know → *go to next section*

3. How many breast biopsies have you had that resulted in a diagnosis of benign or non-cancerous breast disease, such as lobular carcinoma *in situ* (LCIS), atypical ductal hyperplasia (ADH), or fibroadenoma?

   _____ (Dropdown selection with options 1, 2, 3, 4, 5, 6, don't know)

➔ *For your first (second, third, etc) breast biopsy that resulted in a diagnosis of benign or non-cancerous breast disease*, what type of benign breast disease did you have? *Select all that apply.*
- ☐ Lobular carcinoma *in situ* (LCIS)
- ☐ Atypical ductal hyperplasia (ADH)
- ☐ Hyperplasia with no atypia
- ☐ Fibroadenoma
- ☐ Other (specify)_____
- ☐ Don't know

➔ *For your first (second, third, etc) breast biopsy that resulted in a diagnosis of benign or non-cancerous breast disease*, how old were you when you were diagnosed?
- ☐ ____ years
- ☐ Don't Know

A3. Surgeries

The next questions ask about surgical removal of breasts, ovaries, uterus and fallopian tubes.

1. Have you ever had a mastectomy, which is the complete removal of one or both breasts?
   - ☐ Yes
   - ☐ No → *go to Question 7*
   - ☐ Don't know → *go to Question 7*

2. Which breast(s) was/were removed?
   - ☐ Right only → *go to Questions 3 and 4*
   - ☐ Left only → *go to Questions 5 and 6*
   - ☐ Both

If your right breast was removed:

3. At what age was your right breast removed?
   - ☐ _____ years
   - ☐ Don't Know

4. Why was your right breast removed?
   - ☐ To treat breast cancer in my right breast
   - ☐ To prevent getting cancer in my right breast
   - ☐ Other (specify) _____

If your left breast was removed:

5. At what age was your left breast removed?
   - ☐ _____ years
   - ☐ Don't Know

6. Why was your left breast removed?
   - ☐ To treat breast cancer in my left breast
   - ☐ To prevent getting cancer in my left breast
   - ☐ Other (specify) _____

7. Have you ever had one or both ovaries removed?
   - ☐ Yes
   - ☐ No → *go to Question 13*
   - ☐ Don't know → *go to Question 13*

8. Did you have one or both ovaries removed?
   - ☐ One
   - ☐ Both
   - ☐ Don't know → *go to Question 13*

9. At what age was your first ovary removed?
   - ☐ ____ years
   - ☐ Don't Know

10. Why was your first ovary removed? *Select all that apply.*

- ☐ To treat ovarian cancer
- ☐ To prevent cancer in that ovary
- ☐ As part of treatment for breast cancer
- ☐ As part of prevention of breast cancer
- ☐ Non-cancerous condition (endometriosis, non-cancerous cyst)
- ☐ Other (specify) _____
- ☐ Don't know

If <u>both</u> ovaries were removed:

11. At what age was your second ovary removed*?*
    - ☐ ____ years
    - ☐ Don't Know

12. Why was your second ovary removed? *Select all that apply.*
    - ☐ To treat ovarian cancer
    - ☐ To prevent cancer in that ovary
    - ☐ As part of treatment for breast cancer
    - ☐ As part of prevention of breast cancer
    - ☐ Non-cancerous condition (for example endometriosis, non-cancerous cyst)
    - ☐ Other (specify) _____
    - ☐ Don't know

13. Have you ever had your uterus removed, also known as a hysterectomy?
    - ☐ Yes
    - ☐ No → *go to Question 16*
    - ☐ Don't know → *go to Question 16*

14. At what age was your uterus removed?
    - □ ____ years
    - □ Don't Know

15. Why was your uterus removed? *Select all that apply.*
    - ☐ To treat uterine cancer
    - ☐ To prevent cancer in the uterus
    - ☐ As part of treatment for cervical cancer
    - ☐ As part of treatment for ovarian cancer
    - ☐ Non-cancerous condition (endometriosis, fibroid tumor, bleeding)
    - ☐ Other (specify) _____
    - ☐ Don't know

16. Have you ever had one or both of your fallopian tubes removed?
    - ☐ Yes – one tube removed
    - ☐ Yes – both tubes removed
    - ☐ No → *go to end of section*
    - ☐ Don't know → *go to end of section*

17. At what age was your first fallopian tube removed?

- ☐ ____ years
- ☐ Don't Know

18. At what age was your second fallopian tube removed?
    - ☐ ____ years
    - ☐ Don't Know

19. Why was/were your fallopian tube(s) removed? *Select all that apply.*
    - ☐ To prevent cancer
    - ☐ To treat a cancer (ovarian, uterine, fallopian tube)
    - ☐ Non-cancerous condition (endometriosis, ovarian cyst)
    - ☐ Ectopic pregnancy
    - ☐ Contraception
    - ☐ Other (specify) _____
    - ☐ Don't know

Module B: Occupational History

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_55x8FCFzczeElbD?Q_SurveyVersionID=current&Q_CHL=preview

B1. Occupational History

The next questions ask about jobs you may have had over your lifetime. This includes full-time, part-time and seasonal jobs that you did for pay. If you had a major job change while working for the same employer, such as a promotion to a supervisory position, please treat that like a separate job.

1. What was your working status **in January 2020**? *Select all that apply.*
   - ☐ Working for pay at a job or business
   - ☐ Temporarily laid-off from a job or business
   - ☐ Unemployed and currently looking for work
   - ☐ Unemployed and not currently looking for work
   - ☐ Full-time homemaker, not currently looking for work outside home
   - ☐ Part-time student
   - ☐ Full-time student
   - ☐ Retired
   - ☐ Other *Specify*:_____
   - ☐ Prefer not to answer

2. What is your **current** working status? *Select all that apply.*
   - ☐ Working for pay at a job or business
   - ☐ Temporarily laid-off from a job or business
   - ☐ Unemployed and currently looking for work
   - ☐ Unemployed and not currently looking for work
   - ☐ Full-time homemaker, not currently looking for work outside home
   - ☐ Part-time student
   - ☐ Full-time student
   - ☐ Retired
   - ☐ Other *Specify*:_____
   - ☐ Prefer not to answer

3. Since age 18, how many paid jobs have you had where you worked at least 20 hours per week? *If you currently are working, include your current job in this count. If you have never had a job where you worked at least 20 hours a week, please select "0".*
   - ☐ # jobs _____ (Dropdown selection with options 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)

The following questions are about your current and past jobs where you worked at least 20 hours per week. (allow options for N jobs from question 2). Please start with your current or most recent job as "job 1".

For each job, in grid format:

	Industry / Field (Q4 below)	**Start date (Q5 below)**	**End date (Q6 below)**
Job #1	Dropdown selection	Write in	Write in
Job #2			

Etc			

4. What is the industry or field of this job?
   - ☐ Sales & related
   - ☐ Service
   - ☐ Office & administrative
   - ☐ Installation, maintenance & repair
   - ☐ Construction & extraction
   - ☐ Transportation & material moving
   - ☐ Production
   - ☐ Healthcare practitioners & technical
   - ☐ Education, legal, community service, arts & media
   - ☐ Computer, engineering & science
   - ☐ Management, business & financial
   - ☐ Farming, fishing & forestry
   - ☐ Military
   - ☐ Other

5. What month / year did you start working at this job? _____
6. What month / year did you stop working at this job? If you are still working at this job, write "present" _____

For Job #1, "industry/field" (start date – end date),
**This section of questions will repeat for the number of jobs the participant provided in Question 3*

7. How many hours did you usually work at this job?
   - ☐ _____ hours per week
8. Did you work irregular hours or rotating shifts at this job?
   - ☐ No, I worked regular hours
   - ☐ Irregular hours
   - ☐ Rotating shifts
9. Did you work night shifts at this job?
   - ☐ Yes
   - ☐ No

10. While working at this job, which of the following **best** describes your usual physical activity? (*Select one.*)
    - ☐ Mostly sitting, with some standing and/or walking
    - ☐ Sitting and standing equally (may include some walking)
    - ☐ Mostly standing with some walking
    - ☐ Continuous walking or other movements that increase your heart rate slightly
    - ☐ Heavy manual labor that causes sweating and increases your heart rate substantially

11. While working at this job, did/do you regularly…? (*Select all that apply.)*
    - ☐ Work in dusty conditions
    - ☐ Breathe in chemical vapors or fumes → *go to end of section*
    - ☐ Get chemicals or oils on your skin or clothing → *go to end of section*
    - ☐ Come in contact with solvents or degreasers → *go to end of section*
    - ☐ Come in contact with metal chips, metal dust, or metal fumes → *go to end of section*

- ☐ Come in contact with pesticides → *go to end of section*
- ☐ Use cleaning solutions (not counting dish or laundry detergents) → *go to end of section*
- ☐ Travel in a vehicle → *go to end of section*
- ☐ None of the above → *go to end of section*

12. If you worked in dusty conditions, was the dust from…
    - ☐ Sand or rock
    - ☐ Concrete, brick, or mortar
    - ☐ Soil
    - ☐ Grains, animal bedding, or manure
    - ☐ Flour
    - ☐ Clay ceramics or enamel
    - ☐ Wood dust
    - ☐ Rubber or plastic
    - ☐ Metal
    - ☐ Other materials Please specify: _____

Module C: Residential History

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_bqObiP3IUkVrRo9?Q_SurveyVersionID=current&Q_CHL=preview

C1. Residential History

The next questions ask about the addresses of your past and current residences. Please provide as much information as you remember.

<table>
<tr><td rowspan="2">Currently</td><td>1. What is the full street address of the residence where you currently live?</td></tr>
<tr><td>Street Address: _____

City: _____ State: _____ Zip: _____

☐ Lived outside of the United States (specify country): _____
☐ Don’t Know
☐ Prefer not to answer</td></tr>
<tr><td></td><td>2. To the best of your recollection, what year or age did you start living at this address?</td></tr>
<tr><td></td><td>☐ Year started: _____ OR Age started: _____
☐ Don’t Know
☐ Prefer not to answer</td></tr>
</table>

<table>
<tr><td rowspan="3">Ages 20-29</td><td colspan="2">1. What is the full street address of the residence where you lived the longest during the ages of 20-29?</td></tr>
<tr><td colspan="2">☐ Same as current address

Street Address: _____

City: _____ State: _____ Zip: _____

☐ Lived outside of the United States (specify country): _____
☐ Don’t Know
☐ Prefer not to answer
☐ Not Applicable, I am not yet in my 20’s</td></tr>
<tr><td>2. To the best of your recollection, what year or age did you start living at this address?</td><td>3. To the best of your recollection, what year or age did you stop living at this address?</td></tr>
<tr><td>☐ Year started: _____ OR Age started: _____
☐ Don’t Know
☐ Prefer not to answer</td><td>☐ Year stopped: _____ OR Age stopped: _____
☐ Still living at this address
☐ Don’t Know
☐ Prefer not to answer</td></tr>
</table>

Ages 14-19	**1. What is the full street address of the residence where you lived the longest during the ages of 14-19?**	
	☐ Same as current address Street Address: _____ City: _____ State: _____ Zip: _____ ☐ Lived outside of the United States (specify country): _____ ☐ Don't Know ☐ Prefer not to answer	
	2. To the best of your recollection, what year or age did you start living at this address?	**3. To the best of your recollection, what year or age did you stop living at this address?**
	☐ Year started: _____ OR Age started: _____ ☐ Don't Know ☐ Prefer not to answer	☐ Year stopped: _____ OR Age stopped: _____ ☐ Still living at this address ☐ Don't Know ☐ Prefer not to answer

Before age 14	**1. What is the full street address of the residence where you lived the longest before the age of 14 years?**	
	☐ Same as current address Street Address: _____ City: _____ State: _____ Zip: _____ ☐ Lived outside of the United States (specify country): _____ ☐ Don't Know ☐ Prefer not to answer	
	2. To the best of your recollection, what year or age did you start living at this address?	**3. To the best of your recollection, what year or age did you stop living at this address?**
	☐ Year started: _____ OR Age started: _____ ☐ Don't Know ☐ Prefer not to answer	☐ Year stopped: _____ OR Age stopped _____ ☐ Still living at this address ☐ Don't Know ☐ Prefer not to answer

Module D: Hair Product and Personal Care Product Use

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_bOv7W1guumM05p3?Q_SurveyVersionID=current&Q_CHL=preview

The next questions ask about products you may have used during two time periods – in the past 12 months and before age 14.

You may need to look at the labels of products you are currently using to answer some of the questions. Unless the question specifically asks about applying the products to others, we are interested in products you personally used on or for yourself. This includes times when someone else may have applied a product to you (such as at a salon).

D1. Hair Product Use in the Past 12 Months

The next questions ask about your hair product use in the past 12 months. Global events may have altered your typical use. Therefore, if the past 12 months were not representative of your typical hair product use, please respond according to your typical usage.

If you do not know what a product is, please select "did not use".

1. In the **past 12 months**, how frequently have you or someone else applied _____ to **your** hair?	**Did not use**	**Less than once a month**	**1-3 times per month**	**1-5 times per week**	**More than 5 times per week**
a. Hair oils	☐	☐	☐	☐	☐
b. Hair lotions	☐	☐	☐	☐	☐
c. Root stimulator	☐	☐	☐	☐	☐
d. Leave-in conditioner	☐	☐	☐	☐	☐
e. Hair styling products	☐	☐	☐	☐	☐
f. Hair conditioner rinse, crème rinse, or detangler rinse	☐	☐	☐	☐	☐
g. Pomade or hair grease	☐	☐	☐	☐	☐
h. Hair food	☐	☐	☐	☐	☐

2. In the **past 12 months**, how frequently have you or someone else applied _____ to **your** hair?	**Did not use**	**1-2 times a year**	**Every 3-4 months**	**Every 5-8 weeks**	**Once a month**	**More than once a month**
a. Hair perms or relaxers	☐	☐	☐	☐	☐	☐
b. Permanent hair dye (the type that shows your hair "roots" as the color grows out)	☐	☐	☐	☐	☐	☐
c. Semi-permanent hair dye (the type that fades in 6-8 weeks)	☐	☐	☐	☐	☐	☐
d. Hair coloring rinses (often shampooed in, fades after several washings)	☐	☐	☐	☐	☐	☐
e. Products to bleach your hair (Do not include "Sun In" type products.)	☐	☐	☐	☐	☐	☐
f. Frost or highlights	☐	☐	☐	☐	☐	☐

Follow-up questions if response in the grid indicates any use in the past 12 months:

Hair perms or relaxers →

3. In the p*ast 12 months,* when you or someone else applied hair perms or relaxers to your hair, did you use at-home kits or did you go to a salon? (*Select one.*)
   - ☐ At-home kit
   - ☐ Salon
   - ☐ Both at-home kit and salon
   - ☐ Don't Know

Permanent hair dye →

4. In the *past 12 months,* what colors of **permanent hair dye** have you usually used? (*Select one.)*
   - ☐ Dark colors (black, brown, auburn/dark red)
   - ☐ Light colors (blonde, light red)
   - ☐ Both dark colors and light colors

5. How many years in total have you used **permanent hair dye**? (*Select one*.)
   - ☐ Less than 5 years
   - ☐ 5-9 years
   - ☐ 10 years or more

Semi-permanent hair dye →

6. In the *past 12 months*, what colors of **semi-permanent hair dye** have you usually used? (*Select one.*)
   - ☐ Dark colors (black, brown, auburn/dark red)
   - ☐ Light colors (blonde, light red)
   - ☐ Both dark colors and light colors

7. How many years in total have you used **semi-permanent hair dye**? (*Select one.*)
   - ☐ Less than 5 years
   - ☐ 5-9 years
   - ☐ 10 or more years

8. In the **past 12 months**, how frequently have you applied _____ to **someone else's** hair? *Please do not include times you did this as part of a job.*	**Did not use**	**1-2 times a year**	**Every 3-4 months**	**Every 5-8 weeks**	**Once a month**	**More than once a month**
a. Permanent hair dye (the type that shows your hair "roots" as the color grows out)	☐	☐	☐	☐	☐	☐
b. Semi-permanent hair dye	☐	☐	☐	☐	☐	☐

D2. Personal Care Product Use in the Past 12 Months

The next questions ask about your personal care product use in the past 12 months. Global events may have altered your typical use. Therefore, if the past 12 months were not representative of your typical personal care product use, please respond according to your typical usage.

If you do not know what a product is, please select "did not use".

1. In the **past 12 months**, how frequently have you used _____?	**Did not use**	**Less than once a month**	**1-3 times per month**	**1-5 times per week**	**More than 5 times per week**
a. Cleansing cream (Do not include astringents or alcohol-based products)	☐	☐	☐	☐	☐
b. Face creams or moisturizers	☐	☐	☐	☐	☐
c. Baby oil or other mineral-based oils	☐	☐	☐	☐	☐
d. Petroleum jelly	☐	☐	☐	☐	☐
e. Body lotions or creams	☐	☐	☐	☐	☐
f. Hand lotions or creams	☐	☐	☐	☐	☐
g. Foot creams or moisturizers	☐	☐	☐	☐	☐
h. Deodorant and/or antiperspirant	☐	☐	☐	☐	☐
i. Talcum powder under your arms	☐	☐	☐	☐	☐
j. Mouthwash or rinse	☐	☐	☐	☐	☐
k. Bath or shower gel	☐	☐	☐	☐	☐
l. Shaving creams or gels	☐	☐	☐	☐	☐
m. Perfume or cologne	☐	☐	☐	☐	☐
n. Hand sanitizer	☐	☐	☐	☐	☐
o. Eyelash mascara	☐	☐	☐	☐	☐
p. Eyeshadow	☐	☐	☐	☐	☐
q. Eyeliner	☐	☐	☐	☐	☐

r. Lipstick	☐	☐	☐	☐	☐
s. Lip moisturizers (like Chapstick or gloss)	☐	☐	☐	☐	☐
t. Foundation makeup	☐	☐	☐	☐	☐
u. Blush or rouge	☐	☐	☐	☐	☐
v. Makeup remover	☐	☐	☐	☐	☐
w. Facial masks	☐	☐	☐	☐	☐
x. Anti-aging or wrinkle products	☐	☐	☐	☐	☐
y. Age spot lighteners	☐	☐	☐	☐	☐
z. Blemish or acne products	☐	☐	☐	☐	☐
aa. Skin lighteners	☐	☐	☐	☐	☐
bb. Self-tanning products	☐	☐	☐	☐	☐

Follow-up questions if response in the grid indicates any use in the past 12 months:

Deodorant and/or antiperspirant →

2. In the *past 12 months*, what types of **deodorant and/or antiperspirant** have you usually used? (*Select all that apply*.)
   - ☐ Spray
   - ☐ Solid
   - ☐ Liquid
   - ☐ Gel
   - ☐ Cream

3. In the *past 12 months*, did you usually use...? (*Select one*.)
   - ☐ Deodorant only
   - ☐ Antiperspirant only
   - ☐ Deodorant and antiperspirant combined

Talcum powder →

4. In the *past 12 months*, what types of **talcum powder** have you usually used under your arms? (*Select one.*)
   - ☐ Powder
   - ☐ Spray
   - ☐ Both powder and spray

Perfume or cologne →

5. In the *past 12 months*, what types of perfume or cologne have you usually used? (*Select one.*)
   - ☐ Spray
   - ☐ Non-spray
   - ☐ Both spray and non-spray

Eyeshadow →

6. In the *past 12 months*, what types of **eye shadow** have you usually used? (*Select all that apply.*)
   - ☐ Cream
   - ☐ Powder
   - ☐ Pencil
   - ☐ Liquid

Eyeliner →

7. In the *past 12 months*, what types of **eye liner** have you usually used? (*Select one.*)
   - ☐ Pencil (including gel)
   - ☐ Liquid
   - ☐ Both pencil (including gel) and liquid

Foundation makeup →

8. In the *past 12 months*, what types of **foundation makeup** have you usually used? (*Select all that apply.*)
   - ☐ Cream
   - ☐ Powder
   - ☐ Liquid

Blush or rouge →

9. In the *past 12 months*, what types of **blush or rouge** have you usually used? (*Select all that apply.*)
   - ☐ Cream
   - ☐ Powder
   - ☐ Liquid
   - ☐ Gel

Blemish or acne products →

10. In the *past 12 months*, what types of **blemish or acne products** have you usually used? (*Select all that apply.*)
    - ☐ Cream or lotion
    - ☐ Liquid
    - ☐ Powder
    - ☐ Gel

Skin lighteners →

11. In the *past 12 months*, what types of skin lighteners have you usually used? (*Select one.*)
    - ☐ Spray
    - ☐ Cream or lotion
    - ☐ Both spray and cream/lotion

12. In the **past 12 months**, how frequently have you or someone else applied _____ to your fingernails or toenails?	**Did not use**	**1-3 times per year**	**Every 2-3 months**	**1-3 times per month**	**Every Week**
a. Nail polish	☐	☐	☐	☐	☐
b. Artificial nails or fill-ins	☐	☐	☐	☐	☐
c. Cuticle cream	☐	☐	☐	☐	☐

Follow-up questions if response indicates any use in the past 12 months:

Nail polish →

13. In the past 12 months, what types of **nail polish** have you or someone else applied to your fingernails or toenails? *(Select all that apply.)*
    - ☐ Gel nail polish (nail polish that requires a UV light)
    - ☐ 7-free nail polish (nail polish without 3 common chemicals and without 4 dangerous chemicals often found in traditional nail polish)
    - ☐ Traditional nail polish
    - ☐ Other (specify): _____
    - ☐ Don't know

D3. Hair Product Use Before Age 14

The next questions ask about your hair product use before age 14.

If you do not know what a product is, please select "did not use".

1. **Before you turned 14**, how frequently did you or someone else apply _____ to **your** hair?	**Did not use**	**Sometimes**	**Frequently**	**Don't know**
a. Hair oils	☐	☐	☐	☐
b. Hair lotions	☐	☐	☐	☐
c. Root stimulator	☐	☐	☐	☐
d. Leave-in conditioner	☐	☐	☐	☐
e. Hair styling products	☐	☐	☐	☐
f. Hair conditioner rinse, crème rinse, or detangler rinse	☐	☐	☐	☐
g. Pomade or hair grease	☐	☐	☐	☐
h. Hair food	☐	☐	☐	☐
i. Hair perms or relaxers	☐	☐	☐	☐
j. Permanent hair dye (the type that shows your hair "roots" as the color grows out)	☐	☐	☐	☐
k. Semi-permanent hair dye (the type that fades in 6-8 weeks)	☐	☐	☐	☐
l. Hair coloring rinses (often shampooed in, fades after several washings)	☐	☐	☐	☐
m. Products to bleach your hair (Do not include "Sun In" type products.)	☐	☐	☐	☐
n. Frost or highlights	☐	☐	☐	☐

2. **Before you turned 14**, about how often did you apply _____ to **someone else's** hair? *Please do not include times you did this as part of a job.*	**Did not use**	**Sometimes**	**Frequently**	**Don't know**
a. Permanent hair dye (the type that shows your hair "roots" as the color grows out)	☐	☐	☐	☐
b. Semi-permanent hair dye (the type that fades in 6-8 weeks)	☐	☐	☐	☐

D4. Personal Care Products Use Before Age 14

The next questions ask about your personal care product use before age 14.

If you do not know what a product is, please select "did not use".

1. Before you turned 14, about how often did you use _____?	**Did not use**	**Sometimes**	**Frequently**	**Don't know**
a. Cleansing cream (Do not include astringents or alcohol-based products)	☐	☐	☐	☐
b. Face creams or moisturizers	☐	☐	☐	☐
c. Baby oil or other mineral-based oils	☐	☐	☐	☐
d. Petroleum jelly	☐	☐	☐	☐
e. Body lotions or creams	☐	☐	☐	☐
f. Hand lotions or creams	☐	☐	☐	☐
g. Foot creams or moisturizers	☐	☐	☐	☐
h. Deodorant and/or antiperspirant	☐	☐	☐	☐
i. Talcum powder under your arms	☐	☐	☐	☐
j. Mouthwash or rinse	☐	☐	☐	☐
k. Bath or shower gel	☐	☐	☐	☐
l. Shaving creams or gels	☐	☐	☐	☐
m. Perfume or cologne	☐	☐	☐	☐
n. Hand sanitizer	☐	☐	☐	☐
o. Eyelash mascara	☐	☐	☐	☐
p. Eyeshadow	☐	☐	☐	☐
q. Eyeliner	☐	☐	☐	☐
r. Lipstick	☐	☐	☐	☐

s. Lip moisturizers (like Chapstick or gloss)	☐	☐	☐	☐
t. Foundation makeup	☐	☐	☐	☐
u. Blush or rouge	☐	☐	☐	☐
v. Makeup remover	☐	☐	☐	☐
w. Facial masks	☐	☐	☐	☐
x. Blemish or acne products	☐	☐	☐	☐
y. Skin lighteners	☐	☐	☐	☐
z. Self-tanning products	☐	☐	☐	☐

2. Before you turned 14, about how often did you or someone else apply _____ to **your** fingernails or toenails?	**Did not use**	**Sometimes**	**Frequently**	**Don't know**
a. Nail polish	☐	☐	☐	☐
b. Artificial nails or fill-ins	☐	☐	☐	☐
c. Cuticle cream	☐	☐	☐	☐

Module E: Cancer-related Thoughts, Opinions and Beliefs

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_38Jm8ZNLEgxSnjf?Q_SurveyVersionID=current&Q_CHL=preview

E1. Thoughts and Opinions about Breast Cancer

Next are some sentences about thoughts and feelings you may have had in the past seven days. Please check each item indicating how true these comments were for you in the past seven days. If the thoughts or feelings did not occur in the past seven days, please select "not at all."

	Not at all	**Rarely**	**Sometimes**	**Often**
1) I thought about breast cancer when I didn't mean to.	☐	☐	☐	☐
2) I tried to remove breast cancer from my memory.	☐	☐	☐	☐
3) I had waves of strong feelings about breast cancer.	☐	☐	☐	☐
4) I stayed away from reminders of breast cancer.	☐	☐	☐	☐
5) I tried not to talk about breast cancer.	☐	☐	☐	☐
6) Pictures about breast cancer popped into my mind.	☐	☐	☐	☐
7) Other things kept making me think about breast cancer.	☐	☐	☐	☐
8) I tried not to think about breast cancer.	☐	☐	☐	☐

E2. Perceived Risk and Beliefs about Cancer

1. Compared to an average woman your age, would you say that you are:

   - ☐ More likely to get breast cancer
   - ☐ Less likely to get breast cancer
   - ☐ About as likely to get breast cancer
   - ☐ I have had a breast cancer diagnosis

2. How likely do you think it is that you will develop breast cancer in the future?

   - ☐ Very low
   - ☐ Somewhat low
   - ☐ Moderate
   - ☐ Somewhat high
   - ☐ Very high
   - ☐ I have had a breast cancer diagnosis

Module F: Reproductive Choices

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_25c4ltvKkMwrTbT?Q_SurveyVersionID=current&Q_CHL=preview

F1. Reproductive Choices

A family history of cancer can sometimes impact how women feel about having a child (or more children) or impact their decision about how to build their family.

We would like to understand your thoughts and feelings about **reproductive choices and family-building** and the options you may consider (or have considered in the past).

1. Do you hope to have a child (or more children) in the future?
   __ Yes → *skip to 2.*
   __ No → *skip to 1a.*
   __ Unsure → *skip to 2.*

   1a. What factors influenced your decision to <u>not</u> have a child or more children? *Select all that apply.*
   __ Do not want to have children (and/or partner does not want to have children)
   __ Completed family-building goals
   __ Experienced infertility (or fertility problems)
   __ Concerns about personal health
   __ Concerns about pregnancy
   __ Concerns about my risk for cancer
   __ Need to undergo cancer risk-reducing surgery such as mastectomy or oophorectomy
   __ Concerns about passing on a genetic risk for cancer to a child
   __ Financial reasons
   __ Other reason: _____
   → *SKIP to next module*

2. When would you hope to have a child (or more children) in the future?
   __ I am not sure if I want to have a child (or more children)
   __ I am currently trying to get pregnant
   __ I am currently trying to adopt or find a surrogate
   __ Probably in the next 2 years
   __ Probably in the next 2 to 5 years
   __ Probably in the next 5 to 10 years
   __ Probably more than 10 years from now
   __ I don't know

F2. Family Building

There are many ways to build a family. Different options for family-building include:

- Natural conception
- In vitro fertilization (IVF) to achieve pregnancy (or intrauterine insemination or IUI)
- Testing of embryos for genetic mutations
- Using donated eggs, sperm, or embryos
- Surrogacy (another woman carries the pregnancy)
- Adoption or fostering

Some women may choose to alter their family-building plans due to concerns about cancer risk, while others may not.

We would like to understand how your **personal or family history of cancer** may have impacted your reproductive choices and family-building plans.

3. Have you ***changed your family-building plans*** due to concerns about your personal or family history of cancer?
   __ Yes
   __ No
   __ I haven't decided or am unsure
   __ N/A I do not have a personal or family history of cancer

4. Has your personal or family history of cancer made you ***more likely*** to have children?
   __ Not at all
   __ Slightly
   __ Moderately
   __ Very much
   __ Extremely
   __ N/A I do not have a personal or family history of cancer

5. Has your personal or family history of cancer made you ***less likely*** to have children?
   __ Not at all
   __ Slightly
   __ Moderately
   __ Very much
   __ Extremely
   __ N/A I do not have a personal or family history of cancer

How informed do you feel about these topics?

	Not at all informed	Slightly informed	Moderately informed	Very much informed	Extremely informed	Does not apply to me
6. My possible health risks related to my family history of cancer	□	□	□	□	□	□
7. My possible pregnancy risks due to my family history of cancer	□	□	□	□	□	□
8. My options for cancer screening	□	□	□	□	□	□
9. My genetic risk for cancer	□	□	□	□	□	□
10. The likelihood of passing on a genetic risk for cancer to a child	□	□	□	□	□	□

Please answer how you feel about the following statements.

	Not at all	Slightly	Moderately	Very much	Extremely	Does not apply to me
11. I am worried that a pregnancy would increase my chances of getting cancer.	☐	☐	☐	☐	☐	☐
12. I am worried that the process of in vitro fertilization (IVF), which requires hormone stimulation, would increase my chances of getting cancer.	☐	☐	☐	☐	☐	☐
13. I am cautious about having [more] children because I might not be around to raise them due to my own cancer risk.	☐	☐	☐	☐	☐	☐
14. I am scared of not being around to take care of my children someday due to my own cancer risk.	☐	☐	☐	☐	☐	☐
15. I am worried about how my personal or family history of cancer might affect my children's health.	☐	☐	☐	☐	☐	☐
16. I am afraid my children will/would have a high chance of getting cancer.	☐	☐	☐	☐	☐	☐
17. I am worried about passing on a genetic risk for cancer to my children.	☐	☐	☐	☐	☐	☐
18. I am afraid my children would experience negative emotions related to their cancer risk, such as worry, fear, or stress.	☐	☐	☐	☐	☐	☐
19. I am afraid my children would be negatively affected due to their need for frequent cancer screenings	☐	☐	☐	☐	☐	☐

20. Thinking about how you feel right now, which of these family-building options are you pursuing (or would you pursue) for having a child, or more children, in the future?

a. Natural conception

__ Yes
__ No
__ Unsure
__ Does not apply to me

b. The option to **test embryos for genetic mutations** (preimplantation genetic diagnosis or PGD)

__ Yes
__ No
__ Unsure
__ Does not apply to me

c. The option to **use donated eggs, sperm, or embryos** to have a child that is not genetically related to you

__ Yes
__ No
__ Unsure
__ Does not apply to me

d. The option to **use a surrogate** to have a child (another woman carries the pregnancy)

__ Yes
__ No
__ Unsure
__ Does not apply to me

e. The option to **freeze eggs or embryos** for future use

__ Yes
__ No
__ Unsure
__ Does not apply to me

f. **Adoption or fostering**

__ Yes
__ No
__ Unsure
__ Does not apply to me

21. How informed do you feel about your family-building options?

__ Not at all informed
__ Slightly informed
__ Moderately informed
__ Very much informed
__ Extremely informed
__ Does not apply to me

22. Which of these factors influence (or have influenced) your decision about family-building?

	Yes	No	Does not apply to me
a. Desire for motherhood	☐	☐	☐
b. Love of children	☐	☐	☐
c. Desired timeline to have a child	☐	☐	☐
d. My partner's opinion	☐	☐	☐
e. The opinion of my family and loved ones	☐	☐	☐
f. Cultural reasons	☐	☐	☐
g. Religious beliefs	☐	☐	☐
h. Concerns about my fertility and aging	☐	☐	☐
i. Infertility or difficulty conceiving	☐	☐	☐
j. Concerns about my health	☐	☐	☐
k. Concerns about the health of a partner	☐	☐	☐
l. Family history of cancer	☐	☐	☐
m. Concerns about my cancer risk	☐	☐	☐
n. Desire to undergo risk-reducing surgery to lower my chances of getting cancer	☐	☐	☐
o. Concerns about my future child's health	☐	☐	☐
p. Concerns about passing on a genetic risk for cancer to my child	☐	☐	☐
q. Ability to choose my child's sex (choose male vs. female embryo)	☐	☐	☐
r. Ability to screen embryos for genetic mutations	☐	☐	☐
s. Financial cost of reproductive medicine options	☐	☐	☐
t. Financial cost of adoption	☐	☐	☐
u. Health insurance coverage	☐	☐	☐
v. Other	☐	☐	☐

F3. Decision-making about Family Building

These next questions ask about your **decision-making about family-building**. Please try to answer these questions even if you are not yet ready to make this decision or may change your mind in the future.

Family-building options include:

- Natural conception
- In vitro fertilization (IVF) to achieve pregnancy
- Testing of embryos for genetic mutations
- Using donated eggs, sperm, or embryos
- Surrogacy (another woman carries the pregnancy)
- Adoption or fostering

Alternatively, one may choose to not have children.

Considering your options for family-building, please answer the following questions.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
23. I am clear about the best choice for me.	☐	☐	☐	☐	☐
24. I feel sure about what to choose.	☐	☐	☐	☐	☐
25. This decision is easy for me to make.	☐	☐	☐	☐	☐

Module G: Resiliency

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https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_aYnGdikqwlBi7A1?Q_SurveyVersionID=current&Q_CHL=preview

G1. Resiliency

Please indicate to what extent you agree with each of the following statements by using the following scale: strongly disagree, disagree, neutral, agree, strongly agree.

	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1) I tend to bounce back quickly after hard times.	☐	☐	☐	☐	☐
2) I have a hard time making it through stressful events.	☐	☐	☐	☐	☐
3) It does not take me long to recover from a stressful event.	☐	☐	☐	☐	☐
4) It is hard for me to snap back when something bad happens.	☐	☐	☐	☐	☐
5) I usually come through difficult times with little trouble.	☐	☐	☐	☐	☐
6) I tend to take a long time to get over set-backs in my life.	☐	☐	☐	☐	☐

Module H: Sleep

PREVIEW LINK TO QUALTRICS SURVEY:
https://bcfamilyregistry.az1.qualtrics.com/jfe/preview/SV_bJdjQPIkQ9c50Pj?Q_SurveyVersionID=current&Q_CHL=preview

H1. Sleep

The next questions ask about your sleep habits and experiences. Select the answer that best describes how often you experienced the situation in the past 4 weeks.

1. **In the past 4 weeks, did you …?**	**No, not in the last 4 weeks**	**Yes, less than once a week**	**Yes, 1 or 2 times a week**	**Yes, 3 or 4 times a week**	**Yes, 5 or more times a week**
a. take any kind of medication or sleeping pills at bedtime to help you sleep?	☐	☐	☐	☐	☐
b. take any kind of alcohol or cannabis at bedtime to help you sleep?	☐	☐	☐	☐	☐
c. fall asleep during quiet activities like reading, watching TV, or riding in a car?	☐	☐	☐	☐	☐
d. nap during the day?	☐	☐	☐	☐	☐
e. have trouble falling asleep?	☐	☐	☐	☐	☐
f. wake up earlier than you planned to?	☐	☐	☐	☐	☐
g. have trouble getting back to sleep after you woke up too early?	☐	☐	☐	☐	☐

2. In the past 4 weeks, how was your typical night's sleep?
   - ☐ Very sound or restful
   - ☐ Sound or restful
   - ☐ Average quality
   - ☐ Restless
   - ☐ Very restless

3. In the past 4 weeks, about how many hours of sleep did you get on a typical night?
   - ☐ Fewer than 5 hours
   - ☐ 5 to less than 6 hours
   - ☐ 6 to less than 7 hours
   - ☐ 7 to less than 8 hours
   - ☐ 8 to less than 9 hours
   - ☐ 9 to less than 10 hours
   - ☐ 10 hours or more

4. Was your sleep in the past 4 weeks typical of your sleep for the past year?
    - ☐ Yes → skip to the end of section
    - ☐ No

IF NO:

5. How did your sleep in the past 4 weeks compare to your sleep in the past year?
    - ☐ More sound or restful than the past year
    - ☐ Less sound or restful than the past year

6. How did your hours of sleep in the past 4 weeks compare to your sleep in the past year?
    - ☐ More hours than the past year
    - ☐ Fewer hours than past year