



Kaiser Permanente Women's Health Risk Factor Survey

Address Corrections (Please **print**)

Daytime phone: (____) _____

This survey will help both Kaiser Permanente and California public health departments learn whether differences in breast cancer rates in communities may be explained by differences in generally known breast cancer risks among community residents.

The survey is **confidential**. All reports using survey information will describe whole groups of members, not individuals, and your name will never be included in any reports. Your answers will not be shared with your doctor or employer, become part of your medical record, or affect your medical care, Health Plan membership, or dues.

If you have any questions about or need help with the survey, call us toll-free at (1-800) 723-8055 (select "Women's Health Risk Factor Survey") or email us at WHRFS@dor.kaiser.org. Please write your phone number and any address corrections above. **This questionnaire should be filled out ONLY for the person named above.**

Please return your questionnaire to: Kaiser Permanente, Division of Research, P.O. Box 12916, Oakland, CA 94604. A pre-addressed, postage paid envelope has been enclosed for this purpose.

Thank you for your help.

FAMILY HISTORY

1. Please check the box of any **female blood relatives** who have been diagnosed with **breast cancer**. (*Blood/biological relative = related by birth, not adopted or related by marriage; Maternal=from mother's side of the family, Paternal = from father's side of the family*)

- | | |
|--|--|
| <input type="checkbox"/> Biological daughter(s) – How many? ____ | <input type="checkbox"/> Maternal grandmother |
| <input type="checkbox"/> Biological (birth) mother | <input type="checkbox"/> Paternal grandmother |
| <input type="checkbox"/> Biological sister(s) – How many? ____ | <input type="checkbox"/> Maternal female cousin(s) |
| <input type="checkbox"/> Maternal aunt | <input type="checkbox"/> Paternal female cousin(s) |
| <input type="checkbox"/> Paternal aunt | <input type="checkbox"/> No female blood relatives had breast cancer |
| | <input type="checkbox"/> I was adopted |

- 1a. Please put a star (*) next to the box of any of these relatives who developed breast cancer before age 40.

BREAST HEALTH HISTORY

2. Have you ever had a breast biopsy to check for cancer?

- No
 Yes → **Please answer 2a-2b**

2a. How many breast biopsies have you had? ____ Biopsies

2b. What were the diagnoses: (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Invasive breast cancer | <input type="checkbox"/> Atypical hyperplasia |
| <input type="checkbox"/> Ductal carcinoma in-situ (DCIS) | <input type="checkbox"/> Fibrocystic disease, other |
| <input type="checkbox"/> Lobular carcinoma in situ (LCIS) | <input type="checkbox"/> Not sure |

3. Have you ever been told by a doctor that you had breast cancer?

- No
 Yes → How old were you when you were first diagnosed with breast cancer? ____ Years Old

REPRODUCTIVE HISTORY

4. How old were you when you had your first menstrual period? ____ Years Old

5. How many times in total have you been pregnant? (*If never, please write "0"*) ____ Times
If "0" times, skip to Question 7

5a. How many live births have you had?

(*A multiple birth is considered one birth. If none, write "0"*) ____ Live Births

If "0" times, skip to Question 7

5b. How old were you at the time of your first live birth? ____ Years Old

6. Did you breastfeed any of your children?

- No or Not applicable
 Yes → **Please answer 6a and 6b**

6a. How old were you when you first breastfed? ____ Years Old

6b. Please add together the number of months you breastfed each of your children (*Consider a multiple birth as one child*).

How many months in total have you breastfed? ____ Months

7. Have you ever taken birth control pills for one month or longer?

No

Yes → **Please answer 7a - 7c**

7a. How old were you when you first used birth control pills? ___ Years Old

7b. How old were you when you last used birth control pills? ___ Years Old

7c. How long in total have you used birth control pills?
(Do not include times when you temporarily stopped) ___ Years ___ Months

8. Have you ever used prescription female hormones or hormone replacement therapy (HRT) like Prempro, Premphase, or Premarin for symptoms of menopause or for other reasons?
(Do not include use of birth control pills, creams, vaginal suppositories, or dietary supplements)

No

Yes → **Please answer 8a - 8e**

8a. How old were you when you started using female hormones or HRT?
(not oral contraceptives) ___ Years Old

8b. How old were you when you stopped using female hormones or HRT? ___ Years Old

8c. About how long in total did you use female hormones or HRT?
(Do not include times when you temporarily stopped) ___ Years ___ Months

8d. About how long did you take HRT containing only estrogen
(such as Premarin)? ___ Years ___ Months

8e. About how long did you take HRT containing progestin and
estrogen together (such as Prempro, Premphase, or
Premarin with progesterone)? ___ Years ___ Months

9. What describes your menopausal status?

Pre-menopausal (my menstrual periods still follow a cycle)

Peri-menopausal (there have been significant changes in how often or how long my
menstrual periods are, or I have not had a menstrual period for 3 to 11 months)

My menstrual periods stopped after a hysterectomy (to remove uterus) or oophorectomy (to
remove ovaries) -- I was still having menstrual periods before the surgery)

↳ At what age did you have the hysterectomy or oophorectomy? ___ Years Old

Post-menopausal -- I have not had a natural (not caused by medication) spontaneous
menstrual period for 12 months or more)

↳ At what age did you have your last natural menstrual period? ___ Years Old

Other (describe): _____

LIFESTYLE AND HEALTH-RELATED PRACTICES

	Within past 12 months	1 to 2 years ago	2 to 3 years ago	More than 3 years ago	Never
10. When did you last have a:					
a. A mammogram?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A breast exam by a doctor or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Was your most recent mammogram done at a Kaiser medical facility?

No Yes Don't know Does not apply

12. How tall are you without shoes? ___ Feet ___ Inches

13. How much do you weigh without your shoes and clothes? ___ Pounds

14. Do you smoke cigarettes?
 Never smoked Used to smoke, but quit Smoke occasionally Smoke daily
15. During the past 30 days, how many days per week did you have any drinks containing alcohol, on average? (**If none, write "0" and skip to Question 17**) _____ Days per Week
16. On the days when you had a drink, about how many drinks did you have, on average? (*1 drink = 12 oz. of beer, 4 oz. of wine, or 1 oz. of hard liquor*) _____ Drinks
17. During the past 12 months, how often have you usually had a drink containing alcohol?
 Every day 1 to 2 days a week
 6 days a week 2 to 4 days a month
 5 days a week 1 day a month or less
 4 days a week Never → **Please answer 17a and 17b**
 3 days a week

If you checked "Never", please answer 17a and 17b:

- 17a. How long ago did you stop having drinks containing alcohol? _____ Years _____ Months Ago
(If you never drank at all as an adult, check this box and skip to Question 19)
- 17b. Before you stopped, how often did you usually have drinks containing alcohol? _____ Days per Week or _____ Days per Month
18. On the days when you had [or you used to have] a drink, how many drinks did you usually have? (*1 drink = 12 oz. of beer, 4 oz. of wine, or 1 oz. of hard liquor*) _____ Drinks
19. During the past 12 months, how often did you usually participate in STRENUOUS physical activities (such as aerobics, calisthenics, running, jogging, basketball, cycling on hills, swimming laps)?
 Every day 3 days a week Once a month or less
 6 days a week 2 days a week Never → **Skip to Question 20**
 5 days a week 1 day a week
 4 days a week 2 to 4 times a month
- 19a. On those days when you participated in STRENUOUS physical activities, how many total minutes of STRENUOUS exercise did you get per day, on average? (*1 hour = 60 minutes*)
 Over 120 minutes 46 to 60 minutes 10 to 15 minutes
 91 to 120 minutes 31 to 45 minutes Less than 10 minutes
 61 to 90 minutes 16 to 30 minutes

20. During the past 12 months, how often did you usually participate in MODERATE physical activities (such as brisk walking, walking up hills, volleyball, cycling on level streets, tennis, or dancing)?
 Every day 3 days a week Once a month or less
 6 days a week 2 days a week Never → **Skip to Question 21**
 5 days a week 1 day a week
 4 days a week 2 to 4 times a month
- 20a. On those days when you participated in MODERATE physical activities, how many total minutes of MODERATE exercise did you get per day, on average? (*1 hour = 60 minutes*)
 Over 120 minutes 46 to 60 minutes 10 to 15 minutes
 91 to 120 minutes 31 to 45 minutes Less than 10 minutes
 61 to 90 minutes 16 to 30 minutes

21. How does the amount of exercise you get now compare with how much you got 3 years ago?
a. Strenuous exercise: Get more now Get about the same now Get less now
b. Moderate exercise: Get more now Get about the same now Get less now

PERSONAL CHARACTERISTICS

22. What is your age? _____ Years Old

23. What describes your race and ethnicity?

Check ALL that apply. If you check more than one racial/ethnic background, please also put a star () next to the category with which you most closely identify.*

- | | |
|--|---|
| <input type="checkbox"/> White or European-American | <input type="checkbox"/> Southeast Asian (specify): _____ |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Other Black (specify): _____ | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Mexican or Central American ancestry | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other Hispanic/Latino (specify): _____ | <input type="checkbox"/> Other Asian (specify): _____ |
| <input type="checkbox"/> Middle Eastern (Arab, Palestinian, Israeli sabra) | <input type="checkbox"/> Hawaiian/Pacific Islander (specify): _____ |
| <input type="checkbox"/> South Asian (e.g., Indian or Pakistani) | <input type="checkbox"/> Native American Indian or Alaska Native |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (specify): _____ |

24. Were one or more of your mother’s or father’s biological parents (not step-parents) an Ashkenazi (Northern, Central, or Eastern European) Jew?

- No Yes Not sure

25. What is the highest level of school you completed? (Check only ONE answer)

- | | |
|--|--|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Some college or technical school |
| <input type="checkbox"/> 9th - 11th grade | <input type="checkbox"/> Completed 4-year college (B.A., B.S., etc.) |
| <input type="checkbox"/> 12th grade (high school graduate or G.E.D.) | <input type="checkbox"/> Completed graduate degree |

26. Which of the following best describes your total household (family) income from all sources in 2002, before taxes? (Check only ONE answer)

- | | | |
|--|---|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$50,001 - \$65,000 | <input type="checkbox"/> \$100,001 - \$150,000 |
| <input type="checkbox"/> \$15,000 - \$25,000 | <input type="checkbox"/> \$65,001 - \$80,000 | <input type="checkbox"/> \$150,001 - \$200,000 |
| <input type="checkbox"/> \$25,001 - \$35,000 | <input type="checkbox"/> \$80,001 - \$100,000 | <input type="checkbox"/> Over \$200,000 |
| <input type="checkbox"/> \$35,001 - \$50,000 | | |

26a. How many people were supported by this income? _____ Persons

27. How many total years have you lived in Marin County? _____ Years

28. In what other California counties have you lived since you were 25 years old?

Name of California County

Years in Which You Lived in this County

_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

This is the end of the survey. Thank you for your help.