



STUDY ID. # \_\_\_\_\_



Conducted by:

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Keck School of Medicine

Return to: Dr. Ann Hamilton  
Breast Cancer Follow-up Study  
USC/Norris Comprehensive Cancer Center  
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## Breast Cancer Follow-up Study

### General Instructions

PLEASE READ THESE INSTRUCTIONS CAREFULLY

- Answer each question as best you can. Please do not leave any blank. (However, if you feel that you do not wish to answer a question, please write 'skip' next to it and continue on to the next question).
- Please fill in the oval next to your answer completely using blue or black ink.  
**Example:** Fill in ovals completely, like this:  Yes  
Not like this:  No Or this:  No
- Please follow any instructions that direct you to the next question.  
**Example:**  No (Please go to question C13)
- If you mark an answer with a line after it, please write the specific information on the line.  
**Example:**  Other (please specify) my friend who is a doctor
- Mark only **one** response for each question, **unless other instructions are given (e.g. Please mark ALL that apply).**
- As much as possible, please try to answer all of the questions in one sitting.



## Section A: Your Health

A1. In general would you say your current health is:

- Excellent    Very Good    Good    Fair    Poor

A2. **Please indicate below whether you have ever been told by a doctor that you had any of the following health conditions. If you answer 'Yes' please indicate how much it has bothered you in the past month.**

a. Chronic bronchitis or emphysema?

No

Yes → How much has this bothered you in the past month?

- Not at all    A little    Some    Moderately    A lot

b. Heart disease such as coronary artery disease or congestive heart failure?

No

Yes → How much has this bothered you in the past month?

- Not at all    A little    Some    Moderately    A lot

c. Cancer except skin cancer and breast cancer?

No

Yes → How much has this bothered you in the past month?

- Not at all    A little    Some    Moderately    A lot

d. Diabetes?

No

Yes → How much has this bothered you in the past month?

- Not at all    A little    Some    Moderately    A lot



Please mark the response (Yes or No) that indicates if you have ever been told by a doctor that you had any of the following health conditions...

e.	Gastrointestinal problems such as irritable bowel syndrome, ulcerative colitis, or Crohn's disease?
<input type="radio"/>	No
<input type="radio"/>	Yes → How much has this bothered you in the <u>past month</u> ?
<input type="radio"/>	Not at all
<input type="radio"/>	A little
<input type="radio"/>	Some
<input type="radio"/>	Moderately
<input type="radio"/>	A lot
f.	High blood pressure?
<input type="radio"/>	No
<input type="radio"/>	Yes → How much has this bothered you in the <u>past month</u> ?
<input type="radio"/>	Not at all
<input type="radio"/>	A little
<input type="radio"/>	Some
<input type="radio"/>	Moderately
<input type="radio"/>	A lot
g.	Stroke?
<input type="radio"/>	No
<input type="radio"/>	Yes → How much has this bothered you in the <u>past month</u> ?
<input type="radio"/>	Not at all
<input type="radio"/>	A little
<input type="radio"/>	Some
<input type="radio"/>	Moderately
<input type="radio"/>	A lot
h.	Arthritis?
<input type="radio"/>	No
<input type="radio"/>	Yes → How much has this bothered you in the <u>past month</u> ?
<input type="radio"/>	Not at all
<input type="radio"/>	A little
<input type="radio"/>	Some
<input type="radio"/>	Moderately
<input type="radio"/>	A lot
i.	Depression?
<input type="radio"/>	No
<input type="radio"/>	Yes → How much has this bothered you in the <u>past month</u> ?
<input type="radio"/>	Not at all
<input type="radio"/>	A little
<input type="radio"/>	Some
<input type="radio"/>	Moderately
<input type="radio"/>	A lot
j.	Chronic low back pain?
<input type="radio"/>	No
<input type="radio"/>	Yes → How much has this bothered you in the <u>past month</u> ?
<input type="radio"/>	Not at all
<input type="radio"/>	A little
<input type="radio"/>	Some
<input type="radio"/>	Moderately
<input type="radio"/>	A lot





## Section B: Taking Medicine

Please mark the **ONE** response below that indicates how much you agree with the following statements.

B1. Medicines do more good than harm.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B2. Doctors sometime prescribe medicine(s) when they don't need to.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B3. It is best to avoid taking medicine, if possible.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B4. Sometimes it's ok not to take the medicine(s) your doctor prescribes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B5. When it comes to my health, I would rather an expert just tell me what to do.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B6. How many different kinds of prescription medication have you taken in the past week? **Please mark ONE.**

- 0
- 1
- 2
- 3
- 4 or more



B7. Do you regularly take any prescription medicine?

Yes

No (**Please go to question #B9**)

B8. On average, about how much have you paid out-of-pocket per month for all of your prescriptions in the last 12 months? **Please mark ONE.**

- Less than \$20
- \$20 - \$49
- \$50 - \$99
- \$100 - \$199
- \$200 - \$499
- \$500 or more

B9. Which type of doctor has been most involved in directing your follow-up care for your breast cancer in the past 12 months? **Please mark ONE.**

- Primary care doctor or family doctor
- Gynecologist
- Medical oncologist
- Breast surgeon
- Other (please specify) \_\_\_\_\_

B10. How long have you been seeing this doctor? **Please mark ONE.**

- Less than a year
- 1 - 2 years
- More than 2 years



**Thinking about this same individual doctor, how often does this doctor...**

B11. ...listen carefully to you?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Never	Occasionally	Some of the time	Usually	All the time

B12. ...explain things in a way that you can understand?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Never	Occasionally	Some of the time	Usually	All the time

B13. ...spend enough time with you?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Never	Occasionally	Some of the time	Usually	All the time

**Please mark the response that indicates how much you agree with the following statements.**

B14. I completely trust this doctor's judgment about my medical care.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B15. This doctor would always tell me the truth about my health, even if there was bad news.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B16. I am able to tell my doctor how I feel, even if they disagree with me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

**Thinking about this doctor's medical practice:**

B17. When you go to this medical practice, how often do you see the same doctor?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Never	Occasionally	Some of the time	Usually	All the time





## Section C: Other Treatments

C1. Have you taken any of the following hormonal breast cancer medicines in the past week: Raloxifene (Evista); Exemestane (Aromasin); Letrozole (Femara); Tamoxifen (Nolvadex); Anastrozole (Arimidex)?

Yes

No (Please go to question #C11, pg 9.) →

C2. Please mark the response(s) below that indicate which of the following hormonal breast cancer medicine(s) you took in the past week. **Please mark ALL that apply.**

- Raloxifene (Evista)
- Exemestane (Aromasin)
- Letrozole (Femara)
- Tamoxifen (Nolvadex)
- Anastrozole (Arimidex)

For the following questions, please mark the ONE response that best describes your experience with the hormonal breast cancer medicine you take now.

C3. How often do you forget to take your medicine?

- Never       A little       Sometimes       Quite a bit       A lot

C4. How often are you careless about taking your medicine?

- Never       A little       Sometimes       Quite a bit       A lot

C5. When you are feeling better, how often do you stop taking your medicine?

- Never       A little       Sometimes       Quite a bit       A lot

C6. If you feel worse when you take your medicine, how often do you stop taking it?

- Never       A little       Sometimes       Quite a bit       A lot

C7. How often does the cost of your hormonal breast cancer medicine keep you from continuing to take it?

- Never       A little       Sometimes       Quite a bit       A lot



C8. On average, about how much have you paid out-of-pocket per month for your hormonal breast cancer medicine in the last 12 months? **Please mark ONE.**

- Less than \$20
- \$20 - \$39
- \$40 - \$99
- \$100 - \$199
- \$200 or more

C9. Please mark the response(s) below that indicate any additional hormonal breast cancer medicine(s) you have taken since you were diagnosed with breast cancer. **Please mark ALL that apply.**

- Raloxifene (Evista)
- Exemestane (Aromasin)
- Letrozole (Femara)
- Tamoxifen (Nolvadex)
- Anastrozole (Arimidex)
- I have not taken any other hormonal breast cancer medicine.

C10. What is the total combined time that you have been on any of these medicines (both current and past medicine)? **Please mark ONE.**

- Less than 1 year.
- Between 1 and 2 years.
- 2 years or more.

**Please go to question #D1, pg 11.**



C11. Have you **ever taken** any of the following hormonal breast cancer medicine such as Raloxifene (Evista), Exemestane (Aromasin), Letrozole (Femara), Tamoxifen (Nolvadex), or Anastrozole (Arimidex)?

Yes

No (please go to question #C31, pg 11.) →

C12. Please mark the response(s) below that indicate which of the following hormonal breast cancer medicine(s) you've taken at any time. **Please mark ALL that apply.**

- Raloxifene (Evista)
- Exemestane (Aromasin)
- Letrozole (Femara)
- Tamoxifen (Nolvadex)
- Anastrozole (Arimidex)

C13. How long were you on this (these) medicine(s)?  
If you are not sure, please take your best guess. **Please mark ONE.**

- Less than 1 year.
- Between 1 and 2 years.
- 2 years or more.

C14. How long has it been since you've taken hormonal breast cancer medicine?  
**Please mark ONE.**

- Less than 1 month
- 1 month or more

C15. **Mark the ONE response that best matches your experience with your hormonal breast cancer medicine.**

- I have stopped taking it for good.
- I have stopped taking it for now.

**Please continue on next page.**



**By marking Yes or No, please indicate which factors were important in the decision to stop taking your hormonal breast cancer medicine.**

- C16. My doctor told me to stop. . . . .  Yes  No
- C17. I stopped for medical reasons. . . . .  Yes  No
- C18. I stopped because of insurance reasons. . . . .  Yes  No
- C19. I wasn't sure if it was helping. . . . .  Yes  No
- C20. I stopped because of the side effects. . . . .  Yes  No
- C21. I kept forgetting to take it. . . . .  Yes  No
- C22. I thought I'd taken it long enough. . . . .  Yes  No
- C23. I was worried about the risks. . . . .  Yes  No
- C24. It was too expensive. . . . .  Yes  No
- C25. I wanted to move on from the cancer. . . . .  Yes  No
- C26. I dislike being on medication. . . . .  Yes  No
- C27. I completed the recommended course of treatment. . .  Yes  No
- C28. Other reason (please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C29. How likely are you to start taking your hormonal breast cancer medicine again?

                                                                                      

Not at all likely      A little likely      Somewhat likely      Quite likely      Very likely

C30. How likely would you be to start taking your hormonal breast cancer medicine if your doctor urged you to? **Please mark ONE.**

                                                                                      

Not at all likely      A little likely      Somewhat likely      Quite likely      Very likely

**Please skip C31 and go to question #D1, pg 11 (next page).**



C31. If you have never taken any hormonal breast cancer medicine please mark the reason(s) below that explain why. **Please mark ALL that apply.**

- My doctor(s) did not discuss it with me.
- My doctor(s) said I didn't need it.
- My doctor(s) left it up to me and I chose not to.
- My doctor recommended it but I chose not to.
- I was worried about side effects.
- It was too expensive.
- Other (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section D: Other Surgical Treatment Options

D1. Since your breast cancer diagnosis have you been told that breast reconstruction is an option for women who have a mastectomy?

- Yes       No

D2. Have you been told that you can have breast reconstruction at a later time (after your mastectomy surgery)?

- Yes       No

D3. Have you been told that your insurance should cover most of the cost of breast reconstruction?

- Yes       No

D4. Since your diagnosis, have you wanted to talk to a plastic surgeon about breast reconstruction?

- Yes       No

D5. Have you talked to a plastic surgeon about breast reconstruction?

- Yes       No



Please mark the **ONE** response that most closely matches how much you agree or disagree with the following statements.

D6. I wanted to talk more to a plastic surgeon about breast reconstruction.

- |                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strongly disagree     | Disagree              | Neither agree nor disagree | Agree                 | Strongly agree        |

D7. I wanted to talk more to other women who have had breast reconstruction.

- |                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strongly disagree     | Disagree              | Neither agree nor disagree | Agree                 | Strongly agree        |

D8. I am satisfied with my decision about whether or not to have breast reconstruction.

- |                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strongly disagree     | Disagree              | Neither agree nor disagree | Agree                 | Strongly agree        |

D9. I regret the choice that I made of whether or not to have breast reconstruction.

- |                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strongly disagree     | Disagree              | Neither agree nor disagree | Agree                 | Strongly agree        |

D10. I am satisfied that I was adequately informed about the issues important to breast reconstruction.

- |                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strongly disagree     | Disagree              | Neither agree nor disagree | Agree                 | Strongly agree        |



## Deciding about Breast Reconstruction

D11. Did you ever consider having breast reconstruction as a treatment option?

Yes

No (Please go to question #D35, pg18.) →

D12. How strongly did you consider breast reconstruction?

A little

Somewhat

Quite a bit

Very much

A lot

D13. At this time, how much are you considering breast reconstruction?

I already  
had breast  
reconstruction

Not at all

A little

Somewhat

Quite a bit

A lot

**Even if you did not have breast reconstruction, for the items below, please mark the **ONE** response that best describes how satisfied or dissatisfied you were with the information you received about breast reconstruction.**

How satisfied were you with the information you received about. . .      Very dissatisfied      Somewhat dissatisfied      Neither satisfied nor dissatisfied      Somewhat satisfied      Very satisfied

D14. ...the options you were given about types of reconstruction (own tissue vs. implant)? . . . .                             

D15. ...the timing of your reconstruction (at time of mastectomy or later)? . . . . .                             

D16. ...what to expect your breasts to look like after surgery? . . . .                             

D17. ...how long after reconstruction surgery it would take to feel normal again? . . . . .                             

D18. ...how reconstruction might affect future breast cancer screening . . . . .                             

**Please continue on next page.**



## Surgical Experiences

D19. Have you had breast reconstruction?

Yes

No (Please go to question # D35, pg 18.)



D20. What type of breast reconstruction did you have?

- a TRAM flap (uses your own tissue from the abdomen)
- a latissimus dorsi flap (uses your own tissue from the back)
- a saline implant
- a silicone implant
- Other (please explain) \_\_\_\_\_

The following questions are about your breast reconstruction surgery. **Please mark the ONE response that best describes your situation.**

How <u>satisfied or dissatisfied</u> have you been with:	Very dissatisfied	A little dissatisfied	Neither satisfied nor dissatisfied	A little satisfied	Very satisfied
D21. The overall results of your reconstruction? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D22. The timing of your reconstruction (at the time of your mastectomy or later). .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D23. The size of your reconstructed breasts? . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





How <u>satisfied or dissatisfied</u> have you been with:	Very dissatisfied	A little dissatisfied	Neither satisfied nor dissatisfied	A little satisfied	Very satisfied
D24. How natural your reconstructed breast(s) looks? . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D25. How your reconstructed breasts feel to touch? . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D26. How closely matched your breasts are to each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please mark the ONE response that indicates how much you agree or disagree with each statement:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
D27. I would encourage other women in my situation to have breast reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D28. The complications from the breast reconstruction make me regret having it. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D29. Having this surgery changed my life for the better . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D30. The outcome matched my expectations . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D31. I wish I had not had breast reconstruction . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



D32. Did your breast reconstruction start at a later time than your mastectomy surgery or did it start at the same time as your mastectomy?

It started at a later time than my mastectomy surgery.

It started at the same time as my mastectomy. **(Please go to question #E1, pg 20.)** →



D33. How much did the following issues contribute to your decision to delay breast reconstruction?

**Medical Factors**

a. ...I needed to have radiation therapy.

Not at all       A little       Somewhat       Quite a bit       A lot

b. ...I needed to have chemotherapy.

Not at all       A little       Somewhat       Quite a bit       A lot

c. ...I had other health issues that kept me from having reconstruction.

Not at all       A little       Somewhat       Quite a bit       A lot

d. ...My doctor told me I should wait.

Not at all       A little       Somewhat       Quite a bit       A lot

e. ...I had trouble finding a surgeon to perform the surgery.

Not at all       A little       Somewhat       Quite a bit       A lot

f. ...I tried to have reconstruction at the time of my mastectomy but had problems with surgery.

Not at all       A little       Somewhat       Quite a bit       A lot



How much did the following issues contribute to your decision to delay breast reconstruction?

**Financial Factors**

g. ...My insurance did not cover it.

- Not at all       A little       Somewhat       Quite a bit       A lot

h. ...I couldn't find a surgeon who took my insurance.

- Not at all       A little       Somewhat       Quite a bit       A lot

i. ...I couldn't take that much time off from work.

- Not at all       A little       Somewhat       Quite a bit       A lot

How much did the following issues contribute to your decision to delay breast reconstruction?

**Personal Factors**

j. ...I was focused on treating the breast cancer.

- Not at all       A little       Somewhat       Quite a bit       A lot

k. ...I was not sure that I wanted reconstruction.

- Not at all       A little       Somewhat       Quite a bit       A lot

l. ...I couldn't take that much time away from my family.

- Not at all       A little       Somewhat       Quite a bit       A lot

m. ...I did not know that it was an option.

- Not at all       A little       Somewhat       Quite a bit       A lot

D34. When did your breast reconstruction start?  /   
month                      year

**Please go to Question #E1, pg 20.**



## If You Have Not Had Breast Reconstruction

D35. How much have the following issues contributed to your decision not to have breast reconstruction?

### Personal Factors

a. I did not want additional surgery.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot

b. I am afraid of implants.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot

c. It is not important to me.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot

d. I did not know that it was still an option.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot

e. I couldn't take that much time away from my family.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot

### Medical Factors

f. I tried to have reconstruction but was not able to complete it because of complications.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot

g. I had other health issues that did not make me a candidate for reconstruction.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	A lot



h. I was concerned that breast reconstruction would interfere with the detection of a cancer recurrence.

Not at all       A little       Somewhat       Quite a bit       A lot

i. I was concerned about the possible complications of reconstruction.

Not at all       A little       Somewhat       Quite a bit       A lot

j. I had trouble finding a surgeon to perform the surgery.

Not at all       A little       Somewhat       Quite a bit       A lot

k. My doctor did not recommend reconstruction.

Not at all       A little       Somewhat       Quite a bit       A lot

### Financial Factors

l. My insurance would not cover it.

Not at all       A little       Somewhat       Quite a bit       A lot

m. I couldn't find a surgeon who accepts my insurance.

Not at all       A little       Somewhat       Quite a bit       A lot

n. I couldn't take that much time off from work.

Not at all       A little       Somewhat       Quite a bit       A lot



## Section E: Medical Tests

We would like to ask you about an MRI (magnetic resonance imaging test).

An MRI is a scan in which a patient lies down and is placed inside a machine that uses a powerful magnet to take pictures of the breast. The machine is very noisy. Patients are asked before the test about any metal in the body.

E1. Did you have an MRI when you were first diagnosed with breast cancer?

- Yes
- No
- I don't know

E2. Have you had an MRI since you completed your surgical treatment for breast cancer?

- Yes
- No
- I don't know

The following questions refer to "genetic testing for cancer risk." That is, a blood test to look for gene mutations or changes, to see if women and their families have a greater risk of developing breast cancer in the future.

E3. Did a genetic counselor, doctor, or other health professional talk with you about having a genetic test for breast cancer risk?

- Yes
- No
- I don't know

E4. How much did you want to have a genetic test for breast cancer risk?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all            | A little              | Somewhat              | Quite a bit           | Very much             |



E5. Have you ever had a genetic test for breast cancer risk?

No →

a. Why didn't you get a genetic test for breast cancer risk?

**Please mark ALL that apply.**

My doctor didn't recommend it.

I didn't want it.

My family didn't want me to get it.

It was too expensive.

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes →

a. Why did you get tested? **Please mark ALL that apply.**

My doctor thought I should get tested.

I wanted more information about my own health.

I wanted more information for my family members.

My family wanted me to be tested.

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. What was the result? **Please mark ONE.**

I did not have any mutations in the gene tests.

I had a mutation in a gene that increases the risk of breast cancer.

A gene mutation was found but not one that has been shown to increase the risk of breast cancer.

I don't know.

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I don't know if I had a genetic test for breast cancer.

E6. Since your breast cancer diagnosis, has a family member had a genetic test to determine if they carry a gene mutation (or change) for breast cancer?

Yes

No

I don't know



## Section F: Information and Support

When women are diagnosed with breast cancer, they receive different types of information from their doctor(s) about diagnosis and treatment.

**For each item below, please mark the ONE response (Yes or No) that best describes your experience.**

F1. Since you were diagnosed with breast cancer, have you received enough information from your doctor(s) or their staff about. . .

a. ... hormone therapy (such as Tamoxifen or Arimidex)? . . . . .	<input type="radio"/> Yes <input type="radio"/> No
b. ... life style changes such as nutrition, exercise and/or stress management. . . . .	<input type="radio"/> Yes <input type="radio"/> No
c. ... the effects of alcohol consumption on breast cancer risk. . . . .	<input type="radio"/> Yes <input type="radio"/> No
d. ... the effects of breast cancer and treatment on sexual functioning?	<input type="radio"/> Yes <input type="radio"/> No
e. ... the effects of having breast cancer on one's relationship with their spouse or partner?. . . . .	<input type="radio"/> Yes <input type="radio"/> No
f. ... what to do about feelings of anxiety or depression?. . . . .	<input type="radio"/> Yes <input type="radio"/> No
g. ... information about long term effects of breast cancer treatment. . .	<input type="radio"/> Yes <input type="radio"/> No
h. ... risk of breast cancer recurrence. . . . .	<input type="radio"/> Yes <input type="radio"/> No
i. ... risk of getting other cancers. . . . .	<input type="radio"/> Yes <input type="radio"/> No
j. ... genetic testing for breast cancer. . . . .	<input type="radio"/> Yes <input type="radio"/> No
k. ... other (please explain) _____ _____ _____	





F2. Do you ever go on-line to use the Internet?

No

Yes → a. Where do you use the Internet? **Please mark ALL that apply.**

Home

Work

Some other place (please specify) \_\_\_\_\_

b. How often do you go on-line to use the Internet?

Less than once a day

Daily

Several times a day



F3. We would like to know how much emotional support you have received from different people since you were diagnosed with breast cancer.

How much emotional support have you received from . . .	None	A little	Some	Quite a bit	A lot
a. ...your health care provider(s)? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...other women with breast cancer? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...friends? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...co-workers? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...members of your religious community? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...family members (not including a spouse or partner)? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F4. Have you wanted more emotional support from any of the following people since you were diagnosed with breast cancer?

a. ...health care provider(s)? . . . . .	<input type="radio"/> Yes	<input type="radio"/> No
b. ...other women with breast cancer? . . . . .	<input type="radio"/> Yes	<input type="radio"/> No
c. ...friends? . . . . .	<input type="radio"/> Yes	<input type="radio"/> No
d. ...co-workers? . . . . .	<input type="radio"/> Yes	<input type="radio"/> No
e. ...members of your religious community? . . . . .	<input type="radio"/> Yes	<input type="radio"/> No
f. ...family members (not including a spouse or partner)? . . . . .	<input type="radio"/> Yes	<input type="radio"/> No
g. ...Other (please specify) _____		
_____		
_____		



F5. Do you have a husband or partner?

Yes

No (Please go to question #G1, pg 26.) →

Since your diagnosis with breast cancer, how important has it been for your husband/partner to . . .

F6. ...keep working in order to keep their health insurance.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Very important	Extremely important

F7. ...get a new job in order to get health insurance.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Very important	Extremely important

F8. ...increase their work hours in order to cover your medical expenses.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Very important	Extremely important

**F9. For the items below, please mark the response that best describes how satisfied you are with various aspects of your relationship with your husband or partner.**

	Very Unsatisfied	Slightly Unsatisfied	Neutral	Slightly Satisfied	Very Satisfied
a. ...communication and openness. . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...resolving conflicts and arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...sexual satisfaction. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...sharing duties and household chores. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...intimacy and closeness. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...overall satisfaction with your relationship. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F10. How much emotional support have you received from your husband/partner since you were diagnosed with breast cancer?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	A little	Some	Quite a bit	A lot



## Section G: How You are Feeling

Below is a list of statements that other people with your illness have said are important. **By marking one (1) response per line, please indicate how true each statement has been for you during the past 7 days.**

<u>Physical Well-Being</u>	Not at all	A little bit	Some-what	Quite a bit	Very much
G1. I have a lack of energy. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G2. I have nausea. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G3. Because of my physical condition, I have trouble meeting the needs of my family. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G4. I have pain. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G5. I am bothered by side effects of treatment. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G6. I feel ill. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G7. I am forced to spend time in bed. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



By marking one (1) response per line, please indicate how true each statement has been for you during the past 7 days.

<u>Social/Family Well-Being</u>	Not at all	A little bit	Some-what	Quite a bit	Very much
G8. I feel close to my friends. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G9. I get emotional support from my family. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G10. I get support from my friends. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G11. My family has accepted my illness . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G12. I am satisfied with family communication about my illness. . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G13. I feel close to my partner (or the person who is my main support.) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

By marking one (1) response per line, please indicate how true each statement has been for you during the past 7 days.

<u>Emotional Well-Being</u>	Not at all	A little bit	Some-what	Quite a bit	Very much
G14. I feel sad. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G15. I am satisfied with how I am coping with my illness. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G16. I am losing hope in the fight against my illness. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G17. I feel nervous. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G18. I worry about dying. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G19. I worry that my condition will get worse. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



By marking one (1) response per line, please indicate how true each statement has been for you during the past 7 days.

<u>Functional Well-Being</u>	Not at all	A little bit	Some-what	Quite a bit	Very much
G20. I am able to work (include work at home) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G21. My work (include work at home) is fulfilling. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G22. I am able to enjoy life. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G23. I have accepted my illness . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G24. I am sleeping well . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G25. I am enjoying the things I usually do for fun . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G26. I am content with the quality of my life right now. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the past 7 days, how satisfied have you been with:**

	Not at all	A little bit	Some-what	Quite a bit	Very much
G27. How you look in the mirror <u>clothed</u> ? . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G28. The shape of your breast(s) when you are wearing a bra? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G29. The shape of your breast(s) when you are <u>not</u> wearing a bra? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G30. How normal you feel in your clothes? .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G31. How comfortably your bras fit? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G32. The softness of your breast(s)? . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G33. How you look in the mirror <u>unclothed</u> ? .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If you **have not** had a breast cancer recurrence please answer the following questions. (If you have had a recurrence, please go to question #H1, pg 30.)

G34. How likely do you think it is that your breast cancer will recur?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite	Very

G35. **Please mark the response below that indicates how true each statement is for you.**

	Not at all	A little bit	Some-what	Quite a bit	Very much
a. I worry about my breast cancer coming back in the same breast . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I worry that breast cancer may occur in my other breast. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I worry that breast cancer will spread to other parts of my body. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Section H: Treatment and Decision Making

H1. When you were first diagnosed with breast cancer, how strongly did you consider having a mastectomy on your unaffected breast?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	A little	Somewhat	Quite a bit	Very

H2. Did you have a mastectomy for one or both breasts?

Yes, one breast →

a. On what date did you have your mastectomy?

____	/	____
month		year

b. Did you consider having a double mastectomy?

Yes    No

Yes, both breasts →

a. On what date(s) did you have your mastectomies?  
(If you had your mastectomies at different times please list both dates.)

____	/	____
month		year

____	/	____
month		year

b. Why did you have the second mastectomy?

**Please mark ONE.**

I developed a new breast cancer in the other breast.

I wanted to prevent breast cancer from developing in my other breast.

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No, I did not have a mastectomy

H3. What was your bra cup size before your breast surgery?

A

D

B

DD

C

Other (please specify) \_\_\_\_\_





Please mark the response below that most closely matches how much you agree or disagree with the following statements:

If I had it to do over. . .

H4. . . . I would make a different decision about what type of surgery to have (that is whether to have a lumpectomy or mastectomy.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

H5. . . . I would choose a different surgeon to perform my surgery.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

H6. . . . I would take more time to make decisions about my treatment.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

H7. . . . I would consult more doctors about my treatment before making a decision.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

H8. . . . I would do everything the same.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree



## Section I: Spirituality and Religion

For each item below, please mark the ONE response that most closely matches your experience.

I1. Religion is important in my day-to-day life.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

I2. Prayer has helped me cope during times of serious illness.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of the time	A little bit of the time	Some of the time	A good bit of the time	All of the time

I3. I enjoy attending religious functions held by my religious or spiritual group.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

I4. Suffering in silence makes me stronger.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

I5. I know someone in my religious or spiritual community that I can turn to.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

I6. I rely on people who share my spiritual or religious beliefs for support.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

I7. One's life and death follows a plan from God.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree



I8. Suffering in silence helps me avoid becoming a burden to others.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

I9. I seek out people in my spiritual or religious community when I need help.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of the time	A little bit of the time	Some of the time	A good bit of the time	All of the time

I10. I believe God protects me from harm.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

### Section J: Home and Work

J1. Did you work for pay or profit at any time since your breast cancer diagnosis?

<input type="radio"/> Yes	<input type="radio"/> No <b>(Please go to question #J20, pg 36.)</b>
---------------------------	--

J2. Thinking about the longest job you've held since your breast cancer diagnosis:

- a. What type of job was it? \_\_\_\_\_
- b. On average, about how many hours per week did you work? \_\_\_\_\_
- c. On average, about how many weeks out of the year did you work? \_\_\_\_\_
- d. What is the longest period since your diagnosis that you did not work for pay or profit (excluding vacation or sick leave)? \_\_\_\_\_

J3. Did you have more than one job since your breast cancer diagnosis?

<input type="radio"/> Yes	→ What type of job was it? _____
<input type="radio"/> No	

**Please continue on next page.**



The following questions are about your experience working for pay or profit at anytime since your diagnosis, even if you do not work for pay now. **For each statement below, please mark the ONE response that indicates how true each statement is for you.**

How important has it been to . . .

J4. ...avoid changing jobs because you were worried about losing your health insurance?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Very important	Extremely important

J5. ...keep working in order to keep your health insurance?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Very important	Extremely important

J6. ...get a new job in order to get health insurance?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Very important	Extremely important

**Please answer Yes or No to each of the following statements.**

- J7. I had to increase my work hours in order to cover my breast cancer related medical expense. . . . .  Yes  No
- J8. I had to decrease my work hours because of my breast cancer related health issues. . . . .  Yes  No
- J9. I was denied job opportunities because I had breast cancer. . . . .  Yes  No
- J10. Work has been a welcome source of support since my diagnosis and treatment. . . . .  Yes  No
- J11. I would look for a new job if I could be assured of comparable benefits. . . . .  Yes  No

**Please continue on next page.**



J12. Are you currently working for pay or profit?

Yes

No (Please go to question #J20, pg 36.) →

J13. Are you self employed for your main job?  Yes  No

J14. How satisfied are you with your current job?

Not at all  
satisfied

A little  
satisfied

Somewhat  
satisfied

Quite  
satisfied

Very  
satisfied

J15. How satisfied are you with your salary, or the amount you are paid for your job?

Not at all  
satisfied

A little  
satisfied

Somewhat  
satisfied

Quite  
satisfied

Very  
satisfied

J16. How satisfied are you with your ability to balance your job(s) with your other responsibilities?

Not at all  
satisfied

A little  
satisfied

Somewhat  
satisfied

Quite  
satisfied

Very  
satisfied

J17. How important is it to you that you continue to work?

Not at all  
important

A little  
important

Somewhat  
important

Quite  
important

Very  
important

J18. How many hours are you expected to work in total, in a typical 7-day week?

\_\_\_\_ hours

J19. Please mark the **ONE** statement below that best describes how you feel.

I am satisfied with the number of hours I work per week.

I would like to work more hours per week.

I would like to work fewer hours per week.

Please go to J23, page 37.



**If you do not work for pay or profit:**

J20. How long has it been since you have worked for pay or profit?

- 1 - 6 months
- 7 - 12 months
- 1 - 2 years
- more than 2 years but less than 5 years
- 5 years or more
- I've never worked for pay or profit.

J21. How important is it to you that you work?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all important	A little important	Somewhat important	Quite important	Very important

J22. Are you currently looking for a job?       Yes     No

**Please continue on next page.**



J23. Since your breast cancer diagnosis, are you worse off regarding:

a. ...Health insurance?

No

Yes → How much is this due to your breast cancer and treatment?

Not at all     A little     Somewhat     Quite a bit     Very much

b. ...Employment status?

No

Yes → How much is this due to your breast cancer and treatment?

Not at all     A little     Somewhat     Quite a bit     Very much

c. ...Financial status?

No

Yes → How much is this due to your breast cancer and treatment?

Not at all     A little     Somewhat     Quite a bit     Very much

J24. How much have you paid out-of-pocket for medical expenses related to your breast cancer (including co-payments, hospital bills, and medication costs)? **Please mark ONE.**

- less than \$500
- \$500 - \$2000
- \$2001 - \$5000
- \$5001 - \$10,000
- more than \$10,000

J25. How did you pay for these out-of-pocket expenses? **Please mark ALL that apply.**

- I used my income and/or savings.
- I borrowed money from family or friends.
- I borrowed money against my house.
- I left some of my medical bills unpaid.
- I increased my credit card debt.
- Other (please specify) \_\_\_\_\_



J26. Do you currently have debt from your breast cancer treatment?

- Yes
- No

J27. **Thinking about the last 12 months, please answer yes or no to each of the following statements.**

---

Because of the cost, did you have to...

- |   |                           |                          |
|---|---------------------------|--------------------------|
| a. ...go without medication? . . . . .                                    | <input type="radio"/> Yes | <input type="radio"/> No |
| b. ...take less than the fully prescribed amount of a prescription? . . . | <input type="radio"/> Yes | <input type="radio"/> No |
| c. ...miss a doctor's appointment? . . . . .                              | <input type="radio"/> Yes | <input type="radio"/> No |
| d. ...miss a mammogram? . . . . .   | <input type="radio"/> Yes | <input type="radio"/> No |
- 

J28. What type of medical insurance do you have now? **Please mark ALL that apply.**

- None
- Insurance provided through my employer or union (including HMO)
- Insurance provided to my spouse through his employer or union (including HMO)
- Insurance that I purchased myself
- Medicaid (Medi-Cal) or other state provided insurance.
- Medicare/government insurance
- Other (please specify) \_\_\_\_\_

J29. In addition to you, who else in your household is covered by your medical insurance now? **Please mark ONE.**

- I don't have medical insurance.
- Me alone
- My spouse and me
- My spouse, children and me





J30. In the last 12 months, have the costs of your prescription medicine(s) been...

**Please mark ONE.**

- ... completely covered by health insurance?
- ... mostly covered by health insurance?
- ... partially covered by health insurance?
- ... not covered at all by health insurance?

J31. **Please answer yes or no to each of the following statements.**

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Since your breast cancer diagnosis, because of your own personal medical expenses (including co-payments, hospital bills, medication costs and insurance premiums) have you or someone in your household. . .

- a. ...gone without health insurance? . . . . .  Yes  No
- b. ...had your utilities turned off because the bill was not paid? . . .  Yes  No
- c. ...had to move out of your house or apartment because you could not afford to stay there? . . . . .  Yes  No



## Section K: Language Preferences

K1. Do you speak Spanish?

Yes, I speak Spanish.

No, I don't speak Spanish.

(Please go to question #L1, next page.)

K2. In general, what language(s) do you read and speak?

Only  
English

English better  
than Spanish

Both  
equally

Spanish better  
than English

Only  
Spanish

K3. What language do you usually speak at home?

Only  
English

More English  
than Spanish

Both  
equally

More Spanish  
than English

Only  
Spanish

K4. In what language do you usually think?

Only  
English

More English  
than Spanish

Both  
equally

More Spanish  
than English

Only  
Spanish

K5. What language do you usually speak with your friends?

Only  
English

More English  
than Spanish

Both  
equally

More Spanish  
than English

Only  
Spanish



## Section L: A Few More Questions About You

- L1. Please indicate how many of your first degree relatives have been diagnosed with the cancers listed below.  
**Please include only blood relatives who are: parents, brothers, sisters, children.**

	<u>No</u> first degree relatives	<u>1</u> first degree relative	<u>2 or more</u> first degree relatives
a. Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ovarian cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gastric (stomach) cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- L2. At the time of your cancer diagnosis, how many children did you have under the age of 18 living at home?

\_\_\_\_\_

- L3. What is your current marital status? **Please mark ONE.**

- Married                       Separated  
 Widowed                       Never Married  
 Divorced                       Living with your partner

- L4. How would you describe yourself? **Please mark ALL that apply.**

- I work full time.                       I am a homemaker.  
 I work part time.                       I am a student.  
 I am unemployed.                       I am disabled (unable to work).  
 I am retired.

- L5. About how much do you weigh?

\_\_\_\_\_ pounds *or* \_\_\_\_\_ kilograms



- L6. What is the total yearly income of your entire household, before tax deductions, from all sources? **Please mark ONE.**
- |   |   |
|---|---|
| <input type="radio"/> less than \$10,000  | <input type="radio"/> \$50,000 - \$59,999 |
| <input type="radio"/> \$10,000 - \$19,999 | <input type="radio"/> \$60,000 - \$69,999 |
| <input type="radio"/> \$20,000 - \$29,999 | <input type="radio"/> \$70,000 - \$89,999 |
| <input type="radio"/> \$30,000 - \$39,999 | <input type="radio"/> \$90,000 or more    |
| <input type="radio"/> \$40,000 - \$49,999 | <input type="radio"/> I don't know.       |
- L7. How many people are supported by the total income for your household including yourself? **Please mark ONE.**
- 1 (just you)
- 2
- 3
- 4 or more
- L8. Did anyone help you fill out this survey?
- No
- Yes
- L9. Today's date is:     /  /
- month        day                    year

**Thank you very much for filling out this survey!**  
**Your answers are very important to us.**

**Please return the survey in the envelope provided or mail to:**

**Dr. Ann Hamilton  
Breast Cancer Follow-up Study  
USC/Norris Comprehensive Cancer Center  
1441 Eastlake Ave, Rm 3427A, MC9175  
Los Angeles, CA 90089-9175**

**If you have any questions, please call Jennifer Zelaya at 323.865.0687**