

Research study: Oral contraceptive and breast cancer: do benefits outweigh the risks? a Case – control study from Jordan

Dear Ladies,

We thank you for your trust and visit the King Hussein Cancer Center wishing you a speedy recovery. Please be advised that we are conducting a survey on women who have been diagnosed with breast cancer at the KHCC to investigate a link between breast cancer and the use of birth control pills. The main researcher of this study is Dr. Sanaa Bardaweel, School of Pharmacy, University of Jordan.

Any information collected through surveys will be used in reports only on an aggregate basis. That is, it will not be possible for anyone to identify a particular individual with any set of responses. We strive to ensure that data is kept secure, and that we collect only as much personal data as is required for the survey. We assure you that your responses will be kept confidential. The non-participation in this research will not affect the service provided in the center.

Your participation is expected to last up to ten minutes, and your participation will not result in any inconvenience or adverse effects.

This form has been reviewed and approved by the Institutional Committee at King Hussein Cancer Center. The Institutional Committee is a committee authorized by the Food and Drug Administration to review, monitor medical research and clinical studies to maintain the safety of participants within the framework of the study and ensure the preservation of their rights.

If you have any general questions or questions concerning the rights of the participant, you should contact the Institutional Committee at telephone number 5300460 ext. 1669.

In the case of any inquiry about the study or specific questions related to this study and in case of any complications related to the study please contact: Dr. Sanaa Bardaweel at telephone number 0795042395

Code:

Date:

Personal information	
1	Age <input type="checkbox"/> 18-25 years <input type="checkbox"/> 26-30 years <input type="checkbox"/> 31-35 years <input type="checkbox"/> 36-40 years <input type="checkbox"/> 41-45 years <input type="checkbox"/> more than 46 years
2	Educational level <input type="checkbox"/> Uneducated <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate studies
3	Nationality <input type="checkbox"/> Jordanian <input type="checkbox"/> Non-Jordanian, please mention
4	Place of residence / residence <input type="checkbox"/> Amman <input type="checkbox"/> Alzarqa <input type="checkbox"/> Irbid <input type="checkbox"/> Other, please mention
5	Work status <input type="checkbox"/> I work <input type="checkbox"/> Housewife <input type="checkbox"/> Retired
6	If you are a worker, please specify the nature of the work
7	Monthly income of the family <input type="checkbox"/> Less than 500 dinars <input type="checkbox"/> from 500-1000 dinars <input type="checkbox"/> more than 1000 dinars
8	Number of family members benefiting from income <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> More than 10
9	Social status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
10	If you are a married person, please specify the duration of the marriage <input type="checkbox"/> Less than one year <input type="checkbox"/> years - 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> more than 5 years
11	Have you ever had children? <input type="checkbox"/> Yes, skip to Question 12 <input type="checkbox"/> No, skip to Question 16
12	Age at first child
13	Number of children
14	Have you breastfed your children? <input type="checkbox"/> Yes <input type="checkbox"/> No
15	Average duration of breastfeeding in months <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12-18 months <input type="checkbox"/> 18-24 months <input type="checkbox"/> More than 24 months
16	Has there been a pregnancy before <input type="checkbox"/> Yes, skip to Question 17 <input type="checkbox"/> No, skip to Question 19
17	Was there a previous miscarriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
18	If yes, please specify the number of times
19	Age at first menstrual cycle; Age at puberty
20	Age when the cycle is interrupted year/s <input type="checkbox"/> It wasn't interrupted
21	Is your period regular? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient history	

22	Have you ever had any type of cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	If yes, please specify the type of cancer		
24	Have your first-degree relatives (father, mother, brothers, sisters, children) or second-degree (uncles, aunts, etc.) experienced any of the following cancers: colon, prostate, uterus, ovaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Degree of kinship:		Type of cancer:	
25		26	
27		28	
29		30	
31	Do you suffer from any of the following chronic diseases?	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes
		<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Obesity
		<input type="checkbox"/> Hematology	<input type="checkbox"/> Other, please specify...
32	Smoking "cigarettes only" does not include hookahs, are you...	<input type="checkbox"/> Previously smoked	<input type="checkbox"/> Currently smoker
		<input type="checkbox"/> I have never smoked	
33	If you are a smoker or have you smoked before, what is the number of smoked cigarettes per day?	<input type="checkbox"/> Less than 1 pack / day	<input type="checkbox"/> 2 packs per day
		<input type="checkbox"/> More than 2 packs per day	
Hormonal Therapy; have you ever taken any of the following hormones for therapeutic reasons?			
	The hormone	When	Duration
34	Hormones regulate the cycle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Hormones after cycle interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36	Treatment of hormonal therapy, Thyroxine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	Hormone therapy, Tamoxifen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnancy regulation			
38	Have oral contraceptives been used?		
	<input type="checkbox"/> Yes, please go to Question 39 and follow the questionnaire		
	<input type="checkbox"/> No, please go to Question 47 and add any observations related to the subject matter if any, and return the questionnaire to the researcher.		
39	What are the reasons for using oral contraceptive pills?		

<input type="checkbox"/> to spacing pregnancy <input type="checkbox"/> to prevent the menstrual cycle <input type="checkbox"/> Other, mention them	
40	What is the longest period of continuous use of oral contraceptive pills?
41	If you have used the pills sporadically, please specify how long have you used them. <input type="checkbox"/> Less than six months <input type="checkbox"/> Six months - One year <input type="checkbox"/> One and a half years <input type="checkbox"/> Two years
42	Who prescribe you these pills? <input type="checkbox"/> Doctor <input type="checkbox"/> Midwife / Nurse <input type="checkbox"/> pharmaceutical / pharmaceutical <input type="checkbox"/> Health education (home visits) <input type="checkbox"/> Other Please specify
43	If your doctor did not prescribe the contraceptive pills, have you consult your doctor before using the contraceptive pills? <input type="checkbox"/> Yes <input type="checkbox"/> No
44	Before prescribing pills, have you been asked about breast cancer incidence among your relatives? <input type="checkbox"/> Yes, skip to Question 45 <input type="checkbox"/> No, skip to Question 46
45	If you have relatives with breast cancer, or there is a family history, and your service provider was informed, have you been prescribed the pills? <input type="checkbox"/> Yes, prescribed it <input type="checkbox"/> No, did not prescribe it
46	Which type of pill did you use? you can choose more than one answer <input type="checkbox"/> Diane 35 <input type="checkbox"/> Gracial <input type="checkbox"/> Progyluton <input type="checkbox"/> Cerazette <input type="checkbox"/> Marvelon <input type="checkbox"/> Zahra <input type="checkbox"/> Climen <input type="checkbox"/> Yasmin <input type="checkbox"/> Yaz <input type="checkbox"/> Primolut Nor
47	Notes you'd like to share with the research team.

Thank you for your cooperation

We sincerely wish you good health