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2 **S1:English version of BC risk questionnaire**

3 **Interview parameters**

- 4 1. Questionnaire number.....
- 5 2. Date of interview .....
- 6 3. Name of interviewer.....
- 7 4. Name of ward.....
- 8 5. Patient file number(MR no)M/A.....(for cases)
- 9 6. Histology result +ve -ve Histology type.....

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11 **Respondent's characteristics**

- 12 1. In which date, month and year were you born? .....Age (years)
- 13 .....
- 14 2. What is the highest level of education you attained?
- 15 A. No formal education
- 16 B. Primary education
- 17 C. Secondary education (O-level)
- 18 D. Advanced secondary education(A-level)/college(certificate)
- 19 E. Diploma/Advanced diploma
- 20 F. University (degree/masters/PHD etc)
- 21 3. Residence
- 22 A. Town
- 23 B. Village
- 24 4. What is your occupation?
- 25 A. Agriculture / Farming
- 26 B. Business / Trade
- 27 C. Housewife
- 28 D. Civil servant
- 29 E. Other (Specify).....
- 30 5. What is your marital status?
- 31 A. Single
- 32 B. Married
- 33 C. Cohabiting
- 34 D. Widow
- 35 E. Divorced/Separated

36 6. How old were you when you began to menstruate?.....

37 7. Was your menses regular at 18 years of age?

38 A. Yes

39 B. No

40 8. Do you still have menses?

41 A. Yes

42 B. No

43 9. If no, how did menopause occur?.....

44 10. How old were you when menopause occurred?

45 11. Have you used following medicines during menopause?

46 A. Yes

47 B. No

48 12. How long did you use the following medicines during menopause?

49 A. ....Months

50 B. ....years

51 13. Have you ever used following medicines?

52 A. Contraceptives

53 i. Yes

54 ii. No

55 B. Hormones for treatment of infertility

56 i. Yes

57 ii. No

58 **Pregnancy, parity and breastfeeding**

59 14. Have you ever been pregnant?

60 A. Yes

61 B. No

62 15. If YES, how many times?..... (include live birth, still birth, miscarriages and abortions)

63 16. How old were you, when you were pregnant for the first time? .....

64 17. Did you give birth?

65 A. Yes

66 B. No

67 18. How many times have you given birth?..... (include still births after 8th month)

68 19. How old were you when you delivered your first baby?..... (include still birth after 8th month)

69 20. Did you breast-feed?

70 A. Yes (Go to question 21)

71 B. No (Go to question 23)

- 72 21. If YES, how many children? .....
- 73 22. How long did you breast-feed, including mixed feeding?
- 74 A. 1<sup>st</sup> baby .....
- 75 B. 2<sup>nd</sup> baby .....
- 76 C. 3<sup>rd</sup> baby .....
- 77 23. History of breast lumps/ surgeries
- 78 A. Yes
- 79 B. No
- 80 24. History of obesity during adolescence
- 81 A. Yes
- 82 B. No
- 83 25. Someone in the family was diagnosed with breast cancer
- 84 A. No (If unsure or could not remember)
- 85 B. Yes (Mention the relationship with the patient)
- 86 i. Father
- 87 ii. Mother
- 88 iii. Siblings
- 89 iv. Grandmother / Grandfather
- 90 v. Other relative .....

91 **Active smoking**

- 92 26. Do you smoke/ have you ever smoked cigarette in the past?
- 93 A. Yes
- 94 B. No (Go to question 29)
- 95 27. If yes, How old were you when you started to smoke? .....
- 96 28. How many cigarette do you smoke in a day? .....

97 **Passive smoking**

- 98 29. Did / does someone smoke inside your living apartment?
- 99 A. Yes
- 100 B. No (Go to question 32)
- 101 30. How long does/did someone inside your apartment smoke...
- 102 A. ....Months
- 103 B. ....Years
- 104 31. How many hours per day do/did you spend in smoke filled apartment...
- 105 32. Does/ did someone smoke at your work place? ...
- 106 A. Yes
- 107 B. No

108 33. How long do you work at smoke filled work place?.....

109 **Alcohol use**

110 34. Do/did you drink alcoholic beverages?

111 A. Yes .....

112 B. No

113 35. How old were you when you started drinking habitually?.....

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