QUESTIONNAIRE ID: XXX

QUESTIONNAIRE

CHARACTERIZATION OF BREAST CANCER GENOTYPES AND PHENOTYPES AMONG WOMEN IN KENYA

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[Interviewer: Please administer CONSENT FORM at this point]

INTRODUCTION

Dear Respondent,

The aim of this questionnaire is to collect information relating to the determinants of breast cancer among women.

You have been chosen to participate and are requested to answer all questions honestly and accurately.

All information collected through the questionnaire will be treated with confidentiality.

You are not required to give your name.

Thank you for participating in the study.

This part should be filled out by the interviewer after the respondent has agreed to participate in the study.

	RESPONSE
LOCATION WHERE INTERVIEW IS BEING CONDUCTED	KENYATTA NATIONAL HOSPITAL [KNH]
	KISII TEACHING & REFERRAL HOSPITAL [KTRH]
	NAKURU LEVEL V [NKR]
	EMBU LEVEL V[EMB]
	MOMBASA LEVEL V [MBS]
PATIENT IDENTIFICATION NUMBER/HOSPITAL NUMBER..... **CF/NO. (LAB NO).....**	
STUDY NUMBER	
TELEPHONE NUMBER (PATIENT) **TELEPHONE NUMBER (KIN/GUARDIAN)**	
DATE OF INTERVIEW	DD/MM/YY
INTERVIEWER'S NAME	

SECTION A: DEMOGRAPHIC DETAILS

INTERVIEWER: DO NOT READ OUT THE OPTION FIRST, ALLOW THE RESPONDENT TO ANSWER AND FIND THE RESPONSE THAT CLOSELY MATCHES THE OPTIONS, PROBE WHEN TOLD TO DO SO.

Interviewer read: This section will help us to learn about you.
INTERVIEWER: Circle the value /write the value corresponding to the option mentioned by the respondent

NO	QUESTIONS	RESPONSE	VALUE	SKIP TO
DEM 1.	How old are you? (Age in years)	(SPECIFY).....		
		DON'T KNOW	77	
DEM 2.	What is the ethnicity of your father?	(SPECIFY).....		
		DON'T KNOW	77	
DEM 3.	What is the ethnicity of your mother?	(SPECIFY)….		
		DON'T KNOW	77	
DEM 4.	Where do you stay?	(SPECIFY).....		
		DON'T KNOW	77	
DEM 5.	How long have you stayed in this area?	(SPECIFY).....		
		DON'T KNOW	77	
DEM 6.	What is your occupation?	Specify----------		
DEM X	What is your level of education?	Specify--------		

SECTION B: REPRODUCTIVE FACTORS

Interviewer read: Please, I would now like to ask you questions about your reproductive health.
INTERVIEWER: Circle the value corresponding to the option mentioned by the respondent.

NO	QUESTIONS	RESPONSE	VALUE	SKIP TO
REF 7.	What was your age at first menstrual cycle?	(SPECIFY).....		
		DON'T RECALL		
REF 8.	What is your menstrual pattern? (PROBE) READ ALOUD THE OPTIONS	REGULAR	1	
		IRREGULAR	2	
		DON'T KNOW	88	
REF 9.	What is your current Menstrual status? (PROBE) READ ALOUD THE OPTIONS	PREMENOPAUSE (Still menstruating)	1	
		MENOPAUSE	2	
		POST MENOPAUSE	3	
REF 10.	Have you given birth?	YES	1	
		NO	2	HMS 14.
REF 11.	What was your age at birth of your first child?	(SPECIFY).....26YRS.		
		DON'T KNOW		
		NO RESPONSE		
REF 12.	How many live births have you had	(SPECIFY).....		
REF 13.	Do you breastfeed after birth	YES	1	
		NO	2	HMS 14.
REF 14.	Approximately how long do you breastfeed?	(SPECIFY).....		

SECTION C: HORMONAL STATUS

Interviewer read: The following questions seek to establish if there are any induced hormonal influences

INTERVIEWER: Circle the value /write the value corresponding to the option mentioned by the respondent

NO	QUESTIONS	RESPONSE	VALUE	SKIP TO
HMS 15.	Have you ever used contraceptives?	YES	1	
		NO	2	HMS 17
HMS 16.	If yes, which ones have you used? **PICK ALL THAT APPLY**	ORAL	1	
		INJECTION	2	
		IMPLANT	3	
HMS 17.	How long have you used the contraceptives? **WRITE THE DURATION OF USE FOR ALL THAT APPLY**	ORAL	Specify--	
		INJECTION	Specify--	
		IMPLANT	Specify--	
HMS 18.	Have you had hormonal replacement therapy?	YES	1	
		NO	2	FHC 19
HMS 19	Approximately how long have you been on this treatment?			

SECTION D: FAMILY HISTORY OF CANCER

Interviewer read: The following questions trace any existing family history of cancer.
INTERVIEWER: Circle the value /write the value corresponding to the option mentioned by the respondent

NO	QUESTIONS	RESPONSE	VALUE		SKIP TO
FHC 20.	Have any of your blood relatives had BREAST cancer? **INTERVIEWER:** **More than one answer is possible.** **RECORD ALL RESPONSES MENTIONED**. CIRCLE 1 IN THE YES COLUMN WHEN AN OPTION IS MENTIONED BY RESPONDENT. All without "1" will be coded as "0"	YES	1		
		NO	2		FHC 20
			YES	NO	
		Mother	1	2	
		Sister	1	2	
		Daughter	1	2	
		Grandmother	1	2	
		Granddaughter	1	2	
		Aunt	1	2	
		Niece	1	2	
		OTHER SPECIFY			
		OTHER SPECIFY			
FHC 21.	Has there been any other cancer diagnosed among your close relatives?	YES	1		
		NO	2		MEH 22.
FHC 22.	IF yes ,specify type of cancer				

SECTION E: MEDICAL HISTORY

Interviewer read: I am now going to ask some specific questions regarding to your medical history.

INTERVIEWER: Circle the value /write the value corresponding to the option mentioned by the respondent

NO	QUESTIONS	RESPONSE	VALUE		SKIP TO
MEH 23.	Have you been diagnosed with any of the following illness? **INTERVIEWER:** **More than one answer is possible.** **RECORD ALL RESPONSES MENTIONED**. CIRCLE 1 IN THE YES COLUMN WHEN AN OPTION IS MENTIONED BY RESPONDENT. All without "1" will be coded as "0"		YES	NO	
		Hypertension	1	2	
		Diabetes Mellitus	1	2	
		Cancer	1	2	
		OTHER SPECIFY			
		OTHER SPECIFY			
MEH 24.	If you have been diagnosed with cancer, specify the type.				

SECTION F: LIFESTYLE

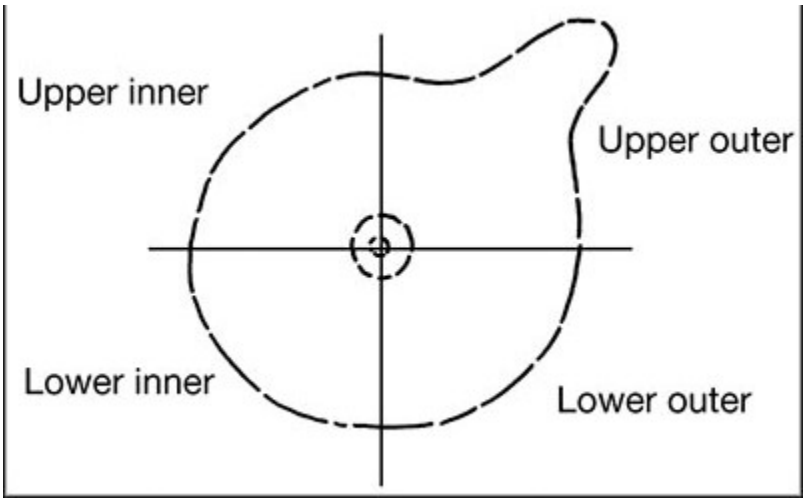
Interviewer read: I am going to ask specific questions regarding your lifestyle. Please note all responses are confidential.

INTERVIEWER: Circle the value /write the value corresponding to the option mentioned by the respondent

NO	QUESTIONS	RESPONSE	VALUE	SKIP TO
LIF 25	Have you ever smoked?	YES	1	
		NO	2	LIF 26
LIF 26	How long have you smoked? **INDICATE DURATION IN YEARS OR MONTH**			
LIF 27.	Have you ever consumed alcohol?	YES	1	
		NO	2	
LIF 28	How long have you consumed alcohol? **INDICATE DURATION IN YEARS OR MONTHS**			
LIF 29.	Do you exercise regularly?	YES	1	
		NO	2	
LIF 30	Interviewer: Using the measurement from the nursing station; Height..... Weight..... Calculate the BMI			
LIF 31.	What is the main reason for your current visit?	Routine screening exam	1	
		Concerns about breast problems	2	
		Follow up to routine screening exam	3	
		Other disease check up	4	

32. How long have you had the LUMP/Mass? .....

Specimen Site

Pick the appropriate site from where the sample was collected. If sample was from both breasts indicate both left and right

FNA Leaf Breast **FNA Right Breast**