

FEMALE PROXY QUESTIONNAIRE

This questionnaire is part of an Australian and New Zealand study of families with breast cancer. The study is funded by the Kathleen Cunningham Foundation and administered by the Peter MacCallum Cancer Institute, Melbourne.

**INSTRUCTIONS:**

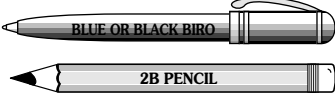
- Use a blue/black biro or pencil, preferably 2B
- Do not use red pen or felt tip pen
- Do not fold or bend
- Erase mistakes fully
- Do not make any stray marks

**Please MARK LIKE THIS:**

☐ ☒ ☐ ☐

**NOT LIKE THIS:**

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**Please write in boxes provided, then fill in the oval corresponding to each column.**

**EXAMPLE 1:**

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**EXAMPLE 2:**

**A1. How old is she?**

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years

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Please return questionnaire to:  
Cancer Epidemiology Centre  
Anti-Cancer Council of Victoria  
1 Rathdowne St  
Carlton South VIC 3052

## A. Background Information

**The first section asks some questions about her background.**

**A1. Is she alive or deceased?**

- ☐ Alive
- ☐ Deceased
- ☐ Don't know

**How old is she?** (Age at death if deceased)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

years

- ☐ Don't know

**A3.** What was the highest level of education that she completed?

- ☐ Primary school (some or all)
- ☐ Secondary school - year 7 or year 8
- ☐ Secondary school - year 9 or year 10
- ☐ Secondary school - year 11 or year 12
- ☐ Vocational training (e.g. technical college, business college, nursing)
- ☐ University - did not graduate
- ☐ University - graduated
- ☐ Don't know

**A4. Is she currently . . . ?**

- ☐ Married
- ☐ Widowed
- ☐ Never married
- ☐ Living as married
- ☐ Separated
- ☐ Divorced
- ☐ Don't know

**A2. What is her date of birth?**

		<input type="radio"/> JAN			
		<input type="radio"/> FEB			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> MAR	<input type="radio"/> 18	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> APR	<input type="radio"/> 19	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> MAY	<input type="radio"/> 20	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> JUN		<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> JUL		<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> AUG		<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> SEP		<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> OCT		<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> NOV		<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> DEC		<input type="radio"/> 9	<input type="radio"/> 9

- ☐ Don't know day
- ☐ Don't know month
- ☐ Don't know year

**A5.** In which suburb or town does she usually live?

\_\_\_\_\_

\_\_\_\_\_

Postcode: 

				(0)	(1)	(2)	(3)	(4)	(5)
				(6)	(7)	(8)	(9)		
				(0)	(1)	(2)	(3)	(4)	(5)
				(6)	(7)	(8)	(9)		
				(0)	(1)	(2)	(3)	(4)	(5)
				(6)	(7)	(8)	(9)		

- ☐ Don't know

**If deceased, what was her date of death?**

		<input type="radio"/> JAN			
		<input type="radio"/> FEB			
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> MAR	<input type="radio"/> 18	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> APR	<input type="radio"/> 19	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> MAY	<input type="radio"/> 20	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> JUN		<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> JUL		<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> AUG		<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> SEP		<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> OCT		<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> NOV		<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> DEC		<input type="radio"/> 9	<input type="radio"/> 9

- ☐ Don't know day
- ☐ Don't know month
- ☐ Don't know year

A6.

In which country was she, her parents and her grandparents born?

	She	Her mother	Her mother's mother	Her mother's father	Her father	Her father's mother	Her father's father
Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Zealand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
England	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ireland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Germany	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Netherlands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Croatia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Africa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
India	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sri Lanka	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philippines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
China	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If she was born in Australia go to question A8.

A7.

For how many years has she lived in Australia?

☐

Don't know

<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

A8.

In which religion was she, her parents and her grandparents born?

	She	Her mother	Her mother's mother	Her mother's father	Her father	Her father's mother	Her father's father
Protestant/Anglican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Orthodox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latter Day Saints/Mormon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh day Adventist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sephardic Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashkenazi Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other or uncertain Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A9. Which religion does she currently practice?

- ☐ Protestant/Anglican
- ☐ Eastern Orthodox
- ☐ Catholic
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Latter Day Saints/Mormon
- ☐ Seventh Day Adventist
- ☐ Sephardic Jewish
- ☐ Ashkenazi Jewish
- ☐ Other or uncertain Jewish
- ☐ None
- ☐ Don't know
- ☐ Other, specify \_\_\_\_\_

A10. What is her ethnic background? (Fill in as many as apply)

- ☐ White/Caucasian
- ☐ Aboriginal/Torres Strait Islander
- ☐ Sri Lankan
- ☐ Pacific Islander
- ☐ Chinese
- ☐ Japanese
- ☐ Malaysian
- ☐ Vietnamese
- ☐ Filipino
- ☐ Indian
- ☐ Pakistani
- ☐ Korean
- ☐ Maori
- ☐ Thai
- ☐ Indonesian
- ☐ Cambodian
- ☐ Don't know
- ☐ Other, specify \_\_\_\_\_

B. Medical History

The next section asks questions about any illnesses she may have had.

B1. Has a doctor ever told her that she had cancer, leukaemia or a malignant tumour?

- ☐ Yes
- ☐ No (Go to question C1.)
- ☐ Don't know (Go to question C1.)

B2. What was the type of cancer and her age when this was FIRST diagnosed?

First cancer

Age

0123456789

0123456789

☐ Don't know

Second cancer

Age

0123456789

0123456789

☐ Don't know

Third cancer

Age

0123456789

0123456789

☐ Don't know

If breast cancer was not reported, go to question C1.

B3. Which breast was affected?

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Don't know

B4. Has she had a diagnosis of cancer in her other breast?

- ☐ Yes (see below)
- ☐ No
- ☐ Don't know

Age when first diagnosed:

0123456789

0123456789

☐ Don't know

C. Surgery and Mammograms

The next section asks questions about surgery and mammograms.

C1.

Has she ever had a breast completely removed?

☐ Yes, the right breast

Age when removed

0123456789

0123456789

☐ Don't know

☐ Yes, the left breast

Age when removed

0123456789

0123456789

☐ Don't know

☐ No

☐ Don't know

C4.

Has she ever had one or both ovaries removed? If her ovaries were removed at different times, please give her age at the most recent operation.

☐ Yes, one ovary

Age when removed:

0123456789

0123456789

☐ Don't know

☐ Yes, both ovaries

Age when removed:

0123456789

0123456789

☐ Don't know

☐ No

☐ Don't know

C6.

Has she ever had a mammogram (X-ray examination of the breasts)?

☐ Yes

☐ No (Go to question D1.)

☐ Don't know (Go to question D1.)

C7.

When and where did she have her last mammogram?

00

00

00

00

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

18

19

20

00

01

02

03

04

05

06

07

08

09

☐ Don't know day

☐ Don't know month

☐ Don't know year

Clinic:

Address:

D. Height and Weight

The next section asks about her height and weight.

D1.

How tall is she without shoes on?

feet

4

5

6

7

inches

07

18

29

310

411

5

6

OR

cms

000

111

222

333

444

555

666

777

888

999

☐ Don't know

D2.

What is her current weight?

stones

00

11

22

33

44

5

6

7

8

9

pounds

010

111

212

313

4

5

6

7

8

9

OR

kilos

000

111

222

333

444

555

666

777

888

999

☐ Don't know

5

E. Smoking

The next section asks a question about cigarettes she may have smoked.

E1. Has there ever been a time when she smoked at least one cigarette per day for three months or longer?

- Yes
- No
- Don't know

F. Alcohol

The next section asks about alcoholic beverages that she may have consumed.

F1. Has she ever consumed any alcoholic beverages, such as beer, wine or spirits, at least once a week for six months or longer?

- Yes
- No
- Don't know

G. Reproductive History

This section deals with menstruation, pregnancies and the use of contraceptives.

G3. Has she ever used birth control pills or other hormonal contraceptives (implants or injections)?

- Yes (See below)
- No (Go to question G6.)
- Don't know (Go to question G6.)

Age when first used birth control pills:  

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

- Don't know

G6. Has she ever been pregnant?

- Yes
- No (Go to question J5.)
- Don't know (Go to question J5.)

G7. Has she ever had a full term pregnancy?

- Yes
- No
- Don't know

## H. Pregnancy History

This section asks about all the pregnancies she has had, including all livebirths, stillbirths, miscarriages and other outcomes.

H7. How many PREGNANCIES has she had?

Pregnancies: 

0123456789

0123456789

☐ Don't know

H10. How old was she when her LAST (live) child was born?

Years of age: 

0123456789

0123456789

☐ Don't know

H8. How many LIVE BIRTHS has she had?

Live births: 

0123456789

0123456789

☐ Don't know

H11. Did she ever breastfeed a child for one month or more?

- ☐ Yes
- ☐ No
- ☐ Don't know

H9. How old was she when her FIRST (live) child was born?

Years of age: 

0123456789

0123456789

☐ Don't know

## J. Hormone Replacement Therapy

The next section asks questions about hormone replacement therapy.

J5. Has she ever taken oestrogens, progesterone or other female hormones for menopause? The preparation may be pills, injections, skin patches, vaginal creams or vaginal suppositories. This question does not include oral contraceptive (birth control) pills.

- ☐ Yes (See below)
- ☐ No (Go to question L1.)
- ☐ Don't know (Go to question L1.)

Age when first took hormones: 

0123456789

0123456789

☐ Don't know

## L. Twin and Other Questions

**L1.**

- ☐ Yes
- ☐ No (*Go to question L6.*)
- ☐ Don't know

**L2.**

**Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have such a strong resemblance to each other in stature, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood. Do you think that she and her twin are genetically identical?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**L6.**

**Do you have any comments, or information that you think we should have asked about?**

[illegible]

**Thank you for your co-operation.  
We may wish to get in touch with you again sometime in the future.**

## M. Office Use Only

How was this interview conducted?

- ☐ Face to face
- ☐ Mailed self-completed questionnaire
- ☐ Telephone
- ☐ Other (specify) \_\_\_\_\_

## Proxy relationship

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Was the interview conducted with an interpreter?

- ☐ Yes
- ☐ No

Interview Length (min)

				0	1	2	3	4	5	6	7	8	9
				0	1	2	3	4	5	6	7	8	9
				0	1	2	3	4	5	6	7	8	9

## PROXY UPN

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9