NYU Jewish Women's Breast and Ovarian Cancer Genetics Study

1. Personal History

* 1. Please complete the following information.

Study Number

Height

Weight

Age

* 2. Sex

jn female jn male

* 3. How many of your grandparents are of Ashkenazi Jewish descent?

jn none jn two jn four

jn one jn three jn I don't know

* 4. Have you ever been diagnosed with cancer (please answer yes or no for each)?

	Yes	No
DCIS (Ductal Carcinoma In Situ)	jn	jn
Breast Cancer	jn	jn
Ovarian Cancer	jn	jn

Other (please specify the type of cancer)

5. If yes, please provide your age at the time of the diagnosis of each cancer.

DCIS

Breast Cancer

Breast cancer (2nd diagnosis)

Ovarian Cancer

Other

6. If you were diagnosed with cancer, have had a breast biopsy, and/or have had genetic testing, please tell us the providers that would have access to such reports. Page 6 of the consent form notes that you authorize us to access these medical records; however, if we will need to request records from an outside institution, please sign the attached release form as well.

Medical Center Name

Medical Center Location

Treating doctors' names

Medical Record Number

* 7. Please indicate if you have had the following surgery by selecting if you have had the surgery or not. Bilateral indicates both breasts or ovaries. Unilateral indicates one breast or ovary.

	Yes-Bilateral	Yes-Unilteral	No
Mastectomy (breast removal) for cancer treatment			
Prophylactic (cancer prevention) mastectomy			
Oophorectomy (ovary removal) for cancer treatment			
Prophylactic (cancer prevention) oophorectomy			
Oophorectomy for other medical/personal reason			

Please specify your age at the time of surgery(ies).

* 8. Have you ever had a breast biopsy?

Yes   No   Unsure

If you answered yes, please indicate at what age(s) you had a biopsy(ies).

9. If you answered "yes" to question 8 please check the result(s) of your biopsy(ies). Please check all that apply.

- normal
- fibroadenoma
- cancer
- unknown
- atypical hyperplasia

Other (please specify)

* 10. Have you ever been pregnant?

- Yes
- No

11. If you answered "yes" to question 10, please provide the following information:

Total number of pregnancies:

Total number of full term pregnancies:

Ages of your children, if any:

Your age at your first full term delivery:

* 12. What is your menopause status (please choose one)?

- Premenopausal
- Perimenopausal
- Menopausal

If you are menopausal, please indicate the age at which you entered menopause and if it was surgically induced.

* 13. At what age did you begin menstruating?

* 14. How would you describe your weight between the ages of 12 and 18 years?

- underweight
- normal
- overweight

* 15. How would you describe your activity level between the ages of 12 and 18 years?

- inactive
- active
- very active

* 16. Please indicate when you have which you have used each of the following. Please check all time periods that apply to each category.

	Present	Past	Never
Oral Contraceptives	∈	∈	∈
Hormone Replacement Therapy	∈	∈	∈
Cigarettes	∈	∈	∈
Alcohol	∈	∈	∈

* 17. For each of the below please indicate the number of years which you have used each of the following. Please enter "0" if you never used these substances.

Oral Contraceptives

Hormone Replacement Therapy

Cigarettes

Alcohol

18. If you indicated you used the below please provide the requested information:

Cigarettes-packs smoked per day

Alcohol- number of drinks per day, week, or month

2. Testing/Family History

* 19. Have you ever had the following genetic testing to see if you have a mutation in the BRCA1 or BRCA2 breast cancer gene?

	Yes	No	Don't know
Multisite testing for 3 common Ashkenazi Jewish mutations	jn	jn	jn
Comprehensive (full sequencing) testing	jn	jn	jn
BART (BRACAnalysis Rearrangement Test)	jn	jn	jn

If yes, please indicate the year (or approximate year) you were tested.

20. If you answered yes to any of the above, what were the results of your testing (please check only one choice)?

jn Positive (mutation was found) for one of the 3 common Ashkenazi mutations

jn Positive for another mutation

jn Negative (no mutation was found)

jn Variant (a change was found but it is unknown if this is a normal or abnormal change)

jn I am unsure what the result was

21. If your test was positive for a mutation, please check the one statement that best describes your knowledge of the mutation.

jn I have a BRCA1 mutation that is common in Ashkenazi Jews but I don't know the exact mutation

jn I have the 185delAG BRCA1 mutation that is common in Ashkkenazi Jews

jn I have the 5382insC BRCA1 mutation that is common in Ashkenazi Jews

jn I have the 6174delT BRCA2 mutation that is common in Ashkenazi Jews

jn I don't know what mutation I have

Other-please specify the name of the mutation

* 22. Do you have a family history of cancer?

jn Yes jn No jn I don't know

23. If you have a family history of cancer please provide us with information regarding those individuals in your family who have had cancer. Please indicate how the person is related to you (sister,maternal aunt,paternal grandfather,etc), type of cancer, age at diagnosis, if BRCA genetic testing was done (yes,no,don't know), and BRCA genetic testing result (positive, negative, variant, don't know).

	Relation to you	Type of cancer	Age at diagnosis	Was genetic testing done?	Genetic testing result
Relative 1					
Relative 2					
Relative 3					
Relative 4					
Relative 5					
Relative 6					

Other (please specify)

* 24. Has anyone in your family who has NOT had cancer, to your knowledge, had BRCA1/2 (breast cancer genes) mutation testing?

- Yes
- No
- I don't know

25. If you answered yes to the question above, please provide us with information regarding those individuals.Please indicate how the person is related to you (sister,maternal aunt,paternal grandfather,etc),and genetic testing result (positive, negative, variant, don't know).

	Relative	Genetic Testing Result
Relative 1		
Relative 2		
Relative 3		
Relative 4		
Relative 5		
Relative 6		