

Breast Cancer v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Female Male
Height	
Weight	
Ethnicity	White African American Hispanic or Latino Asian or Pacific Islander American Indian or Alaska Native Other Unknown/no answer
	Chinese Japanese Filipino Hawaiian Other Pacific Islander Other Asian American N/A (ethnicity_ethnicity is NOT asian_pacific_islander)
Ashkenazi Jewish ancestry	I am of Ashkenazi Jewish descent
Smoking	Never Smoked Quit smoking (more than 1 year) Quit smoking (less than 1 year) Smoked within 30 days
Primary care physician	I do not have a primary care physician I have a primary care physician (not answered)
My last checkup was	Less than 1 year ago 1 to 2 years ago More than 2 years ago N/A (primaryCarePhysician_has = '0')
Weekly exercise	x minutes of moderate activity (not answered) x minutes of vigorous activity
How many breast biopsies have you had? (positive or negative results)	0 1 2 or more (not answered)
Did at least 1 biopsy show atypical hyperplasia?	Yes No or I don't know
Age at your first menstrual period	7 to 11 years old 12 to 13 years old 14 years old or older
Do you still have menstrual periods?	Yes No
Did you have your final menstrual period after age 55?	Yes No
Age at your first child's birth	I have not given birth 19 years old or younger 20 to 24 years old 25 to 29 years old 30 years old or older
Other related factors (check all that apply)	I have taken menopausal hormone therapy within the past 5 years I've used birth control that has hormones I have never breast-fed a child I drink 2 or more alcoholic beverages per day I've been told my mammogram shows dense breast tissue None of these
How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?	0 1 2 or more I don't know
Did any man in your family have breast cancer?	Yes No I don't know
Did any woman in your family have breast cancer in both breasts (bilateral cancer)?	Yes No I don't know

Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?	Yes No I don't know
Did any woman in your family have breast AND ovarian cancer?	Yes No I don't know
Did any woman in your family have breast cancer before the age of 50?	Yes No I don't know
Indicate other cancer history in your family (check all that apply)	2 relatives with breast cancer 2 relatives with ovarian cancer 2 relatives with bowel (colorectal) cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with bowel cancer None of these