

Breast Cancer HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: breast cancer physician	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
Ashkenazi Jewish ancestry	I am of Ashkenazi Jewish descent	Required and not customizable
Have you had a test for a breast cancer gene mutation?	Yes, within the past 5 years Yes, more than 5 years ago No (not answered)	Required and not customizable
Was the test result positive for a gene mutation?	Yes No (not answered)	Required and not customizable
When was your last mammogram or other breast screening?	Less than 1 year ago 1 to 2 years ago More than 2 years ago Never (not answered)	Required and not customizable
Are you postmenopausal?	Yes No or I don't know (not answered)	Required and not customizable
Have you had any of the following? (check all that apply)	Lobular carcinoma in situ (LCIS) Ductal carcinoma in situ (DCIS) Breast cancer Chest radiation treatment between the ages of 10 and 30 Mammogram showing dense breast tissue None of these	Required and not customizable
Do any of the following apply to you? (check all that apply)	Taken menopausal hormone therapy within the past 5 years Used birth control that has hormones Never breast-fed a child Never given birth Gave birth to my first child after age 30 Drink 2 or more alcoholic beverages per day None of these	Required and not customizable
How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?	0 1 2 or more I don't know (not answered)	Required and not customizable
Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation?	Yes No I don't know (not answered)	Required and not customizable
Did any man in your family have breast cancer?	Yes No I don't know (not answered)	Required and not customizable
Did any woman in your family have breast cancer in both breasts (bilateral cancer)?	Yes No I don't know	Required and not customizable

	(not answered)	
Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?	Yes No I don't know (not answered)	Required and not customizable
Did any woman in your family have breast AND ovarian cancer?	Yes No I don't know (not answered)	Required and not customizable
Did any woman in your family have breast cancer before the age of 50?	Yes No I don't know (not answered)	Required and not customizable
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	Required and not customizable
Have you ever had a breast biopsy? (positive or negative results)	Yes No or I don't know (not answered)	Required and not customizable
Did any biopsy result show atypical hyperplasia? (Only populated if 'yes' is selected for breastBiopsies)	Yes No or I don't know (not answered)	Required and not customizable