Breast Cancer Follow-up Questionnaire

1. Please write in your age and date of birth. Age ____ Month (example: June = 06) ____ / Day ____ / 19 ____ Year

2. When were you first diagnosed with breast cancer? ____ Year

3. Has your breast cancer returned or spread to another location (metastasis)?

○ No ○ Yes → ____ Year

Where did it spread? ____

4. Have you developed breast cancer in your other breast?

○ No ○ Yes → ____ Year

5. If YES to question 3 or 4, what treatments did you receive? *(Please select all answers that apply.)*

○ None ○ Chemotherapy ○ Radiation therapy

○ Surgery ○ Hormonal therapy ○ Other → ____

The following questions are about hormonal therapy medication that you may have been prescribed for your breast cancer (e.g. Tamoxifen, Arimidex, Aromasin, Femara).

6. Did you ever take hormonal therapy for your breast cancer? ○ No ○ Yes ○ Don't know

Which hormonal therapy or therapies have you taken? Please list: ____

How long in total have you taken hormonal therapy treatment? ____ Years ____ Months

7. Are you currently on hormonal therapy ○ No ○ Yes ○ Don't know

If NO, why not? *(Please select all answers that apply.)*

○ You finished your treatment
○ You cannot afford the cost
○ You do not like to take medication
○ You prefer alternative medicine
○ You do not like the side effects of the medication
○ You forget
○ It's too much of a hassle to take your medicines every day
○ You think it is unlikely to help
○ You didn't follow up with your doctor
○ Other: ____

8. Since your diagnosis of your breast cancer, has a doctor, nurse, physical therapist or other health professional told you that you had lymphedema (i.e., persistent swelling of the arm, breast or torso)?

○ No ○ Yes ○ Don't know

If **YES**, when were you first told you had developed lymphedema? month ____ / year ____

9. Has a doctor ever told you that you have neuropathy?

○ No ○ Yes ○ Don't know

If **YES**, when were you first diagnosed with neuropathy? month ____ / year ____

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10. How much bodily pain have you had within the past month?

○ None ○ Very mild ○ Mild ○ Moderate ○ Severe ○ Very severe

11. During the past month, how much did pain interfere with your normal work (including both work outside the home and house work)?

○ Not at all ○ Slightly ○ Moderately ○ Quite a bit ○ Extremely

12. Since your breast cancer diagnosis, how has your level of physical activity changed?

○ Remained about the same ○ Decreased ○ Increased ○ Don't know

13. These questions are about how you have felt during the past month. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time…	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Did you feel full of life?	○	○	○	○	○
Did you feel tired?	○	○	○	○	○
Did you feel weak all over?	○	○	○	○	○
Have you been very nervous?	○	○	○	○	○
Have you felt so down in the dumps that nothing could cheer you up?	○	○	○	○	○
Have you felt calm and peaceful?	○	○	○	○	○
Did you have a lot of energy?	○	○	○	○	○
Have you felt downhearted and depressed?	○	○	○	○	○
Did you feel worn out?	○	○	○	○	○
Have you been happy?	○	○	○	○	○
Did your physical health or emotional problems interfere with your social activities (like visiting friends, relatives, etc.)?	○	○	○	○	○

14. The following questions relate to your usual sleep habits during the past month.

During the past month, when have you usually gone to bed at night?	USUAL BED TIME: ☐☐ : ☐☐ (hour : min) ○ AM ○ PM
During the past month, how long (in minutes) has it usually taken you to fall asleep each night?	NUMBER OF MINUTES: ☐☐☐
During the past month, when have you usually gotten up in the morning?	USUAL GETTING UP TIME: ☐☐ : ☐☐ (hour : min) ○ AM ○ PM
During the past month, how many hours of actual sleep did you usually get at night? (*This may be different than the number of hours you spend in bed.*)	HOURS OF SLEEP PER NIGHT: ☐☐

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15. During the past month, how often have you had trouble sleeping because you…

(For any of the following that you have never experienced, please select "Not during the past month")

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
Cannot get to sleep within 30 minutes	○	○	○	○
Wake up in the middle of the night or early morning	○	○	○	○
Have to get up to use the bathroom	○	○	○	○
Cannot breathe comfortably	○	○	○	○
Cough or snore loudly	○	○	○	○
Feel too cold	○	○	○	○
Feel too hot	○	○	○	○
Have bad dreams	○	○	○	○
Have pain	○	○	○	○
Other reasons, please describe:	○	○	○	○

16. During the past month, how would you rate your sleep quality overall?

○ Very good ○ Fairly good ○ Fairly bad ○ Very bad

17. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

○ Not during the past month ○ Less than once a week ○ Once or twice a week ○ 3 or more times a week

18. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

○ Not during the past month ○ Less than once a week ○ Once or twice a week ○ 3 or more times a week

19. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

○ Not a problem at all ○ Only a very slight problem ○ Somewhat of a problem ○ A very big problem

20. What is your current weight? ☐☐☐ lbs

20a. Compared to when you were first diagnosed with breast cancer, is your current weight:

○ Higher → How much higher? ☐☐☐ ○ The same

○ Lower → How much lower? ☐☐☐ ○ Don't know

20b. Did your weight change occur: ○ During treatment ○ After treatment ○ Both ○ Don't know

20c. Was your weight change on purpose? ○ No ○ Yes

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21. Since your breast cancer diagnosis, have you ever taken any of the following medications for at least 3 times per week?

			Still taking?	
	No	Yes	No	Yes
Aspirin (e.g., Anacin, Bayer, Bufferin, Excedrin, baby aspirin, etc.)	○	○	○	○
Ibuprofen (e.g., Advil, Motrin, etc.)	○	○	○	○
Other anti-inflammatory pain medicines (e.g., Aleve, Bextra, Celebrex, Tylenol, etc.)	○	○	○	○
Vitamin D supplements	○	○	○	○
Metformin	○	○	○	○
Statin cholesterol-lowering drugs (e.g., Crestor, Lescol, Lipitor, Lovastatin, Mevacor, Pravachol, Zocor, etc.)	○	○	○	○
ACE inhibitors (e.g., Altace, Enalapril, Lisinopril, Ramparil, Zestril, etc.)	○	○	○	○
Bisphosphonates (e.g., Boniva, Fosamax, Reclast, etc.)	○	○	○	○

22. Since your diagnosis of breast cancer, were you ever offered the chance to participate in a clinical trial for breast cancer treatment?

○ No ○ Yes → If **YES**, did you participate in the clinical trial? ○ No ○ Yes

23. People sometimes look to others for companionship, assistance, or other types of support. This question covers the types of support that would be available to you if you needed it. Please mark one circle based on the support available to you during the past month.

How often is someone available…	None of the time	A little of the time	Some of the time	Most of the time	All of the time
To take you to the doctor if you need to go?	○	○	○	○	○
To have a good time with?	○	○	○	○	○
To hug you?	○	○	○	○	○
To prepare your meals if you are unable to for yourself?	○	○	○	○	○
To understand your problems?	○	○	○	○	○

24. Since your cancer diagnosis, have you ever had any of the following experiences?

	No	Yes
My health insurance company refused to pay a medical expense insurance claim.	○	○
My cancer treatment has left me with large debts/bills to pay.	○	○
I have had trouble getting a mortgage or other loans because of my cancer history.	○	○
I have had to get legal assistance to deal with problems related to my cancer.	○	○
I have had to declare bankruptcy because of my cancer.	○	○
In general, I have had enough money to pay for basics (food, housing, utilities).	○	○

25. How would you rate your consumer credit?

○ Poor
○ Fair
○ Good
○ Very good
○ Excellent
○ I don't know/I don't have any consumer credit
○ I prefer not to respond