

**#2**

PARENT/GUARDIAN STUDY ID \_\_\_\_\_  
DAUGHTER STUDY ID \_\_\_\_\_  
DAUGHTER'S AGE \_\_\_\_\_  
TODAY'S DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**The LEGACY Girls Study**  
**Follow-up #2 (at 12 months)**

**For Mothers/Female guardians with daughters age 6-11 years**

**Feelings, Thoughts & Behaviors**

**Self-administered**

- A. Your daughter's feelings and behaviors**
- B. Your feelings in the past week**
- C. Your feelings and thoughts in the past month**
- D. Your health behaviors**
- E. Cancer screening and surgery**
- F. Your thoughts and opinions about breast cancer**
- G. Your family**

This survey is going to cover several topics. The first set of questions may seem a little different than what you expected. They are not about health or breast cancer. They are questions often used in research to understand how children may act. Next are questions about how you think or feel, your health behaviors, and your opinions and experiences with breast cancer and your family relationships. You may skip any question you would rather not answer.

## SECTION A. YOUR DAUGHTER'S FEELINGS AND BEHAVIORS

**Directions:** On the pages that follow are phrases that describe how children may act. Please read each phrase and mark the response that describes how your daughter has behaved recently (in the last several months).

- Select **Never** if the behavior **never** occurs.
- Select **Sometimes** if the behavior **sometimes** occurs.
- Select **Often** if the behavior **often** occurs.
- Select Almost **Always** if the behavior **almost always** occurs.

**Please mark every item.** If you don't know or are unsure of your response to an item, give your best estimate.

	Never	Some- times	Often	Almost always
A1. Worries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Cannot wait to take turn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Teases others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. Is easily upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5. Worries about what teachers think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6. Is too serious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7. Disobeys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8. Complains about being teased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A9. Is unable to slow down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10. Bullies others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11. Hits other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A12. Cries easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A13. Steals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A14. Expresses fear of getting sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A15. Worries about making mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Never	Some- times	Often	Almost always
A16. Worries about what parents think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A17. Disrupts other children's activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A18. Argues with parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A19. Says, "Nobody understands me."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A20. Worries about schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21. Is fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A22. Breaks the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A23. Complains about not having friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A24. Acts out of control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A25. Complains of pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A26. Argues when denied own way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A27. Threatens to hurt others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A28. Has stomach problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A29. Says, "Nobody likes me."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A30. Lies to get out of trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A31. Says, "I think I'm sick."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A32. Tries too hard to please others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A33. Is nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A34. Fiddles with things while at meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A35. Annoys others on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A36. Is negative about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A37. Worries about things that cannot be changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A38. Deceives others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A39. Says, "I don't have any friends."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A40. Is overly active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A41. Has headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A42. Seeks revenge on others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A43. Loses temper too easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A44. Complains about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Some- times	Often	Almost always
A45. Says, "I want to die" or "I wish I were dead."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A46. Sneaks around.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A47. Gets sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A48. Says, "I'm afraid I will make a mistake."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A49. Interrupts others when they are speaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A50. Calls other children names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A51. Says, "I hate myself."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A52. Says, "I'm not very good at this."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A53. Lies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A54. Is sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A55. Acts without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A56. Has fevers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A57. Is afraid of getting sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A58. Seems lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A59. Breaks the rules just to see what will happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A60. Complains of being sick when nothing is wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A61. Says, "It's all my fault."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A62. Interrupts parents when they are talking on the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A63. Is cruel to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A64. Says, "I want to kill myself."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A65. Worries about what other children think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A66. Has poor self control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A67. Vomits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A68. Changes moods quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A69. Gets into trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A70. Complains of shortness of breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION B. YOUR FEELINGS IN THE PAST WEEK

The next several questions are about how you have been feeling. For each item please check the reply that comes closest to how you have been feeling in the past week. Don't take too long to think over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

B1. I feel tense or 'wound up':

- Most of the time
- A lot of the time
- From time to time, occasionally
- Not at all

B2. I still enjoy the things I used to enjoy:

- Definitely as much
- Not quite so much
- Only a little
- Hardly at all

B3. I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

B4. I can laugh and see the funny side of things:

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

B5. Worrying thoughts go through my mind:

- A great deal of the time
- A lot of the time
- Not too often
- Very little

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B6. I feel cheerful:

- Never
- Not often
- Sometimes
- Most of the time

B7. I can sit at ease and feel relaxed:

- Definitely
- Usually
- Not often
- Not at all

B8. I feel as if I am slowed down:

- Nearly all the time
- Very often
- Sometimes
- Not at all

B9. I get a sort of frightened feeling like 'butterflies' in the stomach:

- Not at all
- Occasionally
- Quite often
- Very often

B10. I have lost interest in my appearance:

- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

B11. I feel restless as if I have to be on the move:

- Very much indeed
- Quite a lot
- Not very much
- Not at all

B12. I look forward with enjoyment to things:

- As much as ever I did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

B13. I get sudden feelings of panic:

- Very often indeed
- Quite often
- Not very often
- Not at all

B14. I can enjoy a good book or radio or television program:

- Often
- Sometimes
- Not often
- Very seldom

## SECTION C. YOUR FEELINGS & THOUGHTS IN THE PAST MONTH

The questions in this section ask you about your feelings and thoughts during the last month. For each question, please tell us how often you felt or thought a certain way.

C1. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

C2. In the last month, how often have you felt confident about your ability to handle your personal problems? I am not asking how often you have had personal (work, friends, family) problems, but how often, when you had a problem, you felt confident to handle it.

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

C3. In the last month, how often have you felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

C4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

## SECTION D. YOUR HEALTH BEHAVIORS

Now we are going to switch gears and ask you more specific questions about some of your health behaviors.

D1. When you are out in the sun, how often do you wear sunscreen?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

D2. During the past 30 days have you had at least one drink of an alcoholic beverage, such as beer, wine, malt beverage or liquor?

- Yes
- No → GO TO QUESTION D3

D2.a) During the past 30 days, how many days per week or per month have you had at least one drink of an alcoholic beverage?

\_\_\_\_\_ days per week **or** \_\_\_\_\_ days in the past 30 days

don't know, not sure

D2.b) During the past 30 days, on the days that you drank, how many drinks did you drink on average? One drink equals one 12 oz beer, one 5 oz wine, or 1 shot of liquor.

\_\_\_\_\_ drinks per day

D2.c) Considering all types of alcohol, how many times in the past 30 days did you have four or more drinks on one occasion?

\_\_\_\_\_ times

D2.d) During the past 30 days, what is the largest number of drinks you had on one occasion?

\_\_\_\_\_ drinks

I don't know



D3. How would you describe your body weight?

- very underweight
- slightly underweight
- about the right weight
- slightly overweight
- very overweight

D4. Which of the following are you trying to do now?

- lose weight
- gain weight
- stay the same weight
- not trying to do anything about my weight

D5. During the past 7 days, how many times did you eat fruit? Do not count fruit juice.

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

D6. During the past 7 days, how many times did you eat green salad or other vegetables?

- I did not eat green salad during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

D7. During the past 7 days, how many times did you eat sweets (candy, cookies, cake, ice cream, pastry, etc.)?

- I did not eat sweets during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

D8. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? Do not include diet soda or diet pop.

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

D9. During the past 7 days, how many glasses of milk did you drink? Include the milk you drank in a glass or cup, from a carton, or with cereal.

- I did not drink milk during the past 7 days
- 1 to 3 glasses during the past 7 days
- 4 to 6 glasses during the past 7 days
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- 4 or more glasses per day

D10. During the past 7 days, how many times did you eat fried food (French fries, fried chicken, bacon, potato chips, etc.)?

- I did not eat fried foods during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

D11. During the past 7 days, how many times did you eat red meat (hamburgers, steak, barbecue, beef tacos, etc.)?

- I did not eat red meat during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

**SECTION E. CANCER SCREENING AND SURGERY**

The next several questions are about cancer screening and surgery.

E1. Have you had a bilateral mastectomy (both breasts removed) either for treatment or prevention of breast cancer?

- No → Continue
- Yes, treatment related → Go to E6
- Yes, prevention → Go to E6

E2. Have you had a screening mammogram in the last 12 months?

- Yes → Go to E2.b
- No → Go to E2.a
- I have never had a mammogram → Go to E3

E2.a) My last screening mammogram was \_\_\_\_\_ years ago.

E2.b) I have a screening mammogram every year.

- Never
- Rarely
- Sometimes
- Often
- Always

E3. Do you get breast MRI to screen for breast cancer? A breast MRI is a procedure in which radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the body.

- Yes → Go to Question E3.a
- No → Go to Question E4

E3.a) My last breast MRI was \_\_\_\_\_ months ago **or** \_\_\_\_\_ years ago.

E4. Have you had a breast exam performed by a health care professional in the last 12 months?

- Yes → Go to Question E4.b
- No → Go to Question E4.a

E4.a) My last clinical breast exam was \_\_\_\_\_ years ago.

E4.b) I have a clinical breast exam every year.

- Never
- Rarely
- Sometimes
- Often
- Always

E5. Have you done a self-breast exam in the last month?

- Yes → Go to Question E5.b
- No → Go to Question E5.a

E5.a) My last self-breast exam was \_\_\_\_months **or** \_\_\_\_years ago.

E5.b) I perform monthly self-breast exams.

- Never
- Rarely
- Sometimes
- Often
- Always

E6. Have you had your ovaries removed?

- No
- Yes, to prevent cancer
- Yes, to treat cancer
- Yes, for other gynecologic or medical reasons

**SECTION F. YOUR THOUGHTS & OPINIONS ABOUT BREAST CANCER**

**F1. Next are some sentences about thoughts and feelings you may have had in the last seven days. Please check each item indicating how true these comments were for you in the past seven days. If they did not occur during that time, mark “not at all.”**

		Not at all	Rarely	Sometimes	Often
F1a.	I thought about breast cancer when I didn't mean to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1b.	I tried to remove breast cancer from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1c.	I had waves of strong feelings about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1d.	I stayed away from reminders of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1e.	I tried not to talk about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1f.	Pictures about breast cancer popped into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1g.	Other things kept making me think about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1h.	I tried not to think about breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>How much do you agree or disagree that...</b>	Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly
F2.	If a woman has a family history of cancer on her <b>father's</b> side of the family, she has an increased chance of developing breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3.	If a woman has a family history of cancer on her <b>mother's</b> side of the family, she has an increased chance of developing breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4.	Even if a woman has a family history of cancer, she may <b>not</b> develop cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F5. Out of 100 women who get breast cancer, how many have inherited breast cancer? \_\_\_\_\_

F6. Now consider the likelihood for **any** woman to get breast cancer. How many women out of a group of 100 from the general population, do you think will get breast cancer at some point in their lives?

\_\_\_\_\_

F7. Now, we would like you to consider women who have a family history of breast cancer. How many women out of a group of 100 women with **a family history of breast cancer** will get breast cancer at some point in their lives?

\_\_\_\_\_

F8. Are you familiar with the breast cancer genes, BRCA1 and BRCA2?

- Yes
- No → Go to Question F9

F8a. Have you received genetic counseling?

- Yes
- No

F8b. Have you had genetic testing for BRCA1 and/or BRCA2?

- Yes → Continue
- No → Go to Question F8e

F8c. **IF YES:** Did you receive the test results?

- Yes
- No

F8d. **IF YES:** Can you please tell us your results?

- Negative (no mutation)
- Positive (a mutation was found)
- Refuse

F8e. Has anyone in **your** family (blood relatives) been told he or she has a BRCA 1 or BRCA 2 mutation?

- Yes
- No
- I don't know

F8f. Has anyone in your daughter's father's family (blood relatives) been told he or she has a BRCA 1 or BRCA 2 mutation?

- Yes
- No
- I don't know

F8g. Now, we would like you to consider women who have a change in a breast cancer gene. How many women out of a group of 100 women with a change in a breast cancer gene will get breast cancer at some point in their lives?

\_\_\_\_\_

F9. Have you ever had breast cancer?

- Yes
- No

**No individual has the same likelihood of getting cancer as the "average person" in the population. Given that you are a unique person, this section asks you what you believe your likelihood of getting breast cancer or getting breast cancer again.**

F10. What do you think the chances are that YOU will get breast cancer (**again**) before age 70? (0-100%)

\_\_\_\_\_ %.

F11. My chances of getting breast cancer (**again**) at my age are (0-100%) \_\_\_\_\_ %

F12. If I were to get breast cancer (**again**), I expect it will be at least \_\_\_\_\_ years before I get breast cancer. (Please write the number of years).

F13. Do you think your odds of getting breast cancer (**again**) are the same or different than those of the average woman? I think my odds are:

- Much lower
- A little lower
- The same
- A little higher
- Much higher

Now we are interested in your thoughts and opinions about things that could prevent or delay breast cancer in women. Again, we are not looking for any particular answer, but are interested in what YOU believe. **How much do you agree or disagree that...**

		Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly	I don't know
F14.	I believe that women can do things to prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F15.	I believe that women can do things to prevent or delay getting breast cancer EVEN if they have a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F15a.	<b>Only answer if you are familiar with BRCA1/2; others go to F16:</b> Even if a woman has a change in a breast cancer gene, she can do things to prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F16.	I believe <b>that I</b> can do things to prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F17.	If a woman leads a healthy lifestyle, I believe she can prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F18.	Even if a woman has a family history of breast cancer, leading a healthy lifestyle will prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F18a.	<b>Only answer if you are familiar with BRCA1/2; others go to F19:</b> Even if a woman has a change in a breast cancer gene, leading a healthy lifestyle will prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19.	If <b>I lead</b> a healthy lifestyle, I believe I can prevent or delay getting breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F20.	Exercise is effective in preventing or delaying breast cancer for women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly	I don't know
F21.	Exercise is effective in preventing or delaying breast cancer for women with a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F21a.	<b>Only answer if you are familiar with BRCA1/2; others go to F22:</b> Exercise is effective in preventing or delaying breast cancer for women with a change in a breast cancer gene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22.	Exercise can help <b>me</b> prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F23.	A healthy diet can help women prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24.	A healthy diet can help a woman prevent or delay breast cancer, even if she has a family history of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24a	<b>Only answer if you are familiar with BRCA1/2; others go to F25:</b> A healthy diet can help a woman prevent or delay breast cancer, even if she has a change in a breast cancer gene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F25.	A healthy diet can help <b>me</b> prevent or delay breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F26.	I feel that a woman's relationships with her family might improve if she gets breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F27.	I feel that a woman's relationships with people outside her family might improve if she gets breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F28.	I feel that a woman can maintain her social activities if she gets breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F29.	I feel that a woman can continue working at a job (outside the home) if she gets breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F30.	I feel that a woman can maintain her family responsibilities if she gets breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F31. I believe breast cancer is curable. Do you...

- Disagree strongly  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Agree strongly

F32. I believe science will find a cure for breast cancer in:

- The next 5 years  
 6-25 years  
 26-100 years  
 Over 100 years  
 Never

## SECTION G. YOUR FAMILY

**This section contains a number of statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how YOU see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have trouble with a statement, answer with your first reaction.**

	<i>How much do you agree or disagree that...</i>	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
G1.	Planning family activities is difficult because we misunderstand each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2.	When someone is upset the others <i>know</i> why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.	In times of crisis we can turn to each other for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.	We cannot talk to each other about the sadness we feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5.	You can't tell how a person is feeling from what they are saying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6.	Individuals are accepted for what they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7.	People come right out and say things instead of hinting at them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8.	We avoid discussing our fears and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9.	It is difficult to talk to each other about tender feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10.	We can express feelings to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b><i>How much do you agree or disagree that...</i></b>	<b><i>Strongly agree</i></b>	<b><i>Agree</i></b>	<b><i>Disagree</i></b>	<b><i>Strongly disagree</i></b>
G11.	We talk to people directly rather than through go-betweens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G12.	There are lots of bad feelings in the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G13.	We often don't say what we mean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G14.	We feel accepted for what we are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G15.	Making decisions is a problem for our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G16.	We are frank with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G17.	We are able to make decisions about how to solve problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G18.	We don't get along well together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G19.	We don't talk to each other when we are angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G20.	We confide in each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G21.	When we don't like what someone has done, we tell them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G22. In the last 12 months, has your daughter received care for a psychological condition (has she seen a therapist, counselor or psychiatrist)?

- Yes  
 No → Go to "End of Questions"

G22.a ***If yes***, please explain (what type of care/did she take any medication)?

G22.b ***If yes***, is she still receiving treatment?

- Yes  
 No

**End of Questions**

That is the end of this group of questions. Thank you!