

SECTION BC: GENERAL HEALTH AND BREAST CONDITIONS

Now I'm going to ask you a few questions about your general health and then some questions about any breast conditions you may have had.

BC1. In the past 12 months, would you say your health has generally been...
 excellent 1
 very good..... 2
 good..... 3
 fair 4
 poor 5

BC1a. When was your most recent routine physical exam, or complete check up? Would you say it was...
 less than 6 months ago 1
 from 6 months to 1 year ago 2
 more than 1 but less than 2 years ago . 3
 2-5 years ago 4
 more than 5 years ago 5

BC2. Have you been to a dentist in the past 12 months?
 YES 1
 NO 2

BC3. Have you ever been told you had periodontal or gum disease?
 YES 1
 NO 2

BC4. Have you ever lost any adult teeth due to disease or decay?
 (Please do not count wisdom teeth extractions, or teeth lost due to accidents, violence or orthodontistry.)
 YES 1
 NO 2

The next few questions are about cancer screenings you may have had.

BC4a. Have you ever had your colon checked by having a colonoscopy or sigmoidoscopy exam?
 YES 1
 NO 2

BC5. Have you had a Pap smear or pelvic exam in the past 12 months?
 YES 1
 NO 2

BC6. Have you had a breast exam by a doctor or other health care provider in the past 12 months?
 YES 1
 NO 2

BC7. Have you ever had a mammogram?
 YES 1
 NO [BC8a] 2
 REF [BC8a] 7
 DK [BC8a] 8

BC8. Was your last mammogram....
 less than a year ago 1
 one to two years ago..... 2
 more than two years ago 3

BC8a. Have you ever had a screening ultrasound of the breast?
 YES 1
 NO [BC8b] 2

BC8aAge. How old were you when you first had a screening ultrasound of the breast?

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AGE

BC8b. Have you ever had a screening MRI of the breast? YES 1
 NO [BC10a] 2

BC8bAge. How old were you when you first had a screening MRI of the breast?
 AGE

BC9. QUESTION DELETED

BC10. Has a doctor or other health professional told you that you ever had any of the following breast conditions? Please answer “yes” or “no” for each. Y N

a. breast lumps or nodules 1 2
 b. dense breasts 1 2
 c. uneven or one-sided breast densities 1 2
 d. breast cysts 1 2
 e. fibrocystic breasts 1 2
 f. breast calcifications 1 2
 g. fibroadenoma 1 2
 h. any other breast condition 1 2

<IF “BREAST LUMPS OR NODULES” IS “NO” IN BC10a, THEN DO NOT ASK BC11-12a>
 <IF “BREAST CYSTS” IS “NO” BC10d, THEN DO NOT ASK BC13-14a>

Have you ever had [PROCEDURE] ...	How old were you when you first had [PROCEDURE]?	How many times in total have you had [PROCEDURE]?
BC11. a breast lump or lumps totally removed (lumpectomy)? YES 1 NO [BC13] 2	BC12. <input type="text"/> <input type="text"/> <input type="text"/> AGE	BC12a. <input type="text"/> <input type="text"/> <input type="text"/> # OF TIMES
BC13. a breast cyst or cysts drained (aspirated) or removed? YES 1 NO [BC15] 2	BC14. <input type="text"/> <input type="text"/> <input type="text"/> AGE	BC14a. <input type="text"/> <input type="text"/> <input type="text"/> # OF TIMES
BC15. a needle biopsy to diagnose a breast condition? YES 1 NO [BC17] 2	BC16. <input type="text"/> <input type="text"/> <input type="text"/> AGE	BC16a. <input type="text"/> <input type="text"/> <input type="text"/> # OF TIMES
BC17. a surgical biopsy to diagnose a breast condition? YES 1 NO [BC19] 2	BC18. <input type="text"/> <input type="text"/> <input type="text"/> AGE	BC18a. <input type="text"/> <input type="text"/> <input type="text"/> # OF TIMES
BC19. any other type of biopsy to diagnose a breast condition? YES 1 NO [BC21] 2	BC20. <input type="text"/> <input type="text"/> <input type="text"/> AGE	BC20a. <input type="text"/> <input type="text"/> <input type="text"/> # OF TIMES

BC21. Have you had a mastectomy to prevent breast cancer, that is, a prophylactic mastectomy? YES 1
 NO [BC23] 2
 REF [BC23] 7
 DK [BC23] 8

BC22. How old were you when you had the prophylactic mastectomy?
 AGE

BC23. [Before your mastectomy did/Have] you ever [have/had] breast reduction surgery? YES 1
 NO [BC25] 2
 REF [BC25] 7
 DK [BC25] 8

BC24. How old were you when you had breast reduction surgery?
 AGE

<BEGIN REPEATING RECORD - BREAST ENLARGEMENT>

BC25. [Before your mastectomy did/Have] you ever [have/had] [another] breast enlargement surgery? YES 1
 NO [BC33] 2
 REF [BC33] 7
 DK [BC33] 8

BC26. How old were you when you had [the next] breast enlargement surgery? [IF R REPORTS MULTIPLE SURGERY AGES: Please tell me your age when you had the [first/second/...] surgery; I will ask about additional breast enlargements after I get some information about the [first/second/...] one.]
 AGE

BC27. Was the surgery performed on your left breast, your right breast, or both breasts? LEFT BREAST 1
 RIGHT BREAST 2
 BOTH BREASTS 3

BC28. What type of material was used in this breast enlargement, [a] breast implant[s] or your own bodily tissue? IMPLANT 1
 BODY TISSUE [BC25] 2
 REF [BC25] 7
 DK [BC25] 8

BC29. What type of breast implant did you have [this time]? [READ CATEGORIES IF NEEDED] silicone gel 01
 saline 02
 hydrogel 03
 PVP 04
 saline and silicone combined 05
 other 06

BC30. Did you ever have [this/either of these] implant[s] removed? YES 1
 NO 2

<IF BC30 = NO AND BC27 = 1 OR 2, GO TO BC25; IF BC30 = NO AND BC27 = 3, GO TO BC33>

<IF BC30 = YES AND BC27 = 1 OR 2, GO TO BC32>

BC31. Was the implant removed from your left breast, your right breast, or both breasts? LEFT BREAST 1
 RIGHT BREAST 2
 BOTH BREASTS 3

BC32. How many years and/or months did you have [this/these] implant[s]?
[IF LESS THAN ONE MONTH, ENTER "00 00"]

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YEARS MONTHS

<GO TO BC25>

<END REPEATING RECORD - BREAST ENLARGEMENT>

BC33. Have you ever had breast reconstruction surgery of any kind?

YES 1
NO.....[NEXT SECTION] 2

BC34. How old were you when you first had breast reconstruction surgery? [IF R REPORTS MULTIPLE SURGERY AGES: Please tell me your age when you had the first surgery.]

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AGE

BC35. Did you have this reconstruction on your left breast, your right breast, or both breasts?

LEFT BREAST 1
RIGHT BREAST 2
BOTH BREASTS 3