Young Women and Breast Cancer Study
Demographic Information Form
August 30, 2004

Prepared by:
Joanne Stephen  Guenther Krueger  Bev Holmes
PhD  PhD Student  PhD Student
BC Cancer Agency  Simon Fraser University  Simon Fraser University

Document Contact:
Ellen Balka
School of Communication
Simon Fraser University
8888 University Drive
Burnaby, BC, Canada V5A 1S6
tel: +1.604.725.2756
e-mail: ellenb@sfu.ca
website: www.sfu.ca/act4hlth/
SFU Institutional Repository: http://ir.lib.sfu.ca/handle/1892/3701
YOUNG WOMEN AND BREAST CANCER STUDY:
DEMOGRAPHIC INFORMATION FORM

The following questionnaire is designed to help us understand your background and your cancer experience. Please respond in the blank spaces provided or place an ‘x’ in the most applicable box.

1. In what year were you born? _______

2. In what country were you born? ________________

   If other than Canada, in what year did you immigrate? _______

3. What is your first language?
   o English
   o French
   o Other ________________

4. To what ethno-cultural group do you belong? (e.g. African-Canadian, First Nations, Caucasian, Jewish, etc.) ________________

5. Are you?
   o Single
   o Married/Living With Intimate Partner
   o Separated/Divorced
   o Widowed

6. What is the highest level of education you have completed?
   o No Formal Schooling
   o Primary School
   o Secondary School
   o Post Secondary School
   o Other ________________

7. What city/town do you live in? ________________

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8. When were you first diagnosed with cancer? (Month and Year) ___________________

9. Which of the following surgeries/treatments did you receive for your original breast cancer diagnosis? (Mark All That Apply)

→ Surgery
  - Lumpectomy
  - Mastectomy
  - Prophylactic Mastectomy
  - Other ___________________

→ Treatments
  - Radiation therapy
  - Chemotherapy
  - Hormone Therapy (e.g. Tamoxifen)
  - Stem Cell or Bone Marrow Transplant
  - Reconstruction
  - Complementary/Alternative Therapies. (Please Describe)

→ None of The Above

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10. Has your breast cancer ever come back (have you had a recurrence of the original cancer, or a new breast cancer)?
   
   o Yes
   o No
   
   If yes, which of the following surgeries/treatments did you receive for your second breast cancer diagnosis? *(Mark All That Apply)*
   
   → Surgery
   
   o Lumpectomy
   o Mastectomy
   o Prophylactic mastectomy
   o Other ________________
   
   → Treatments
   
   o Radiation Therapy
   o Chemotherapy
   o Hormone Therapy (e.g., Tamoxifen)
   o Stem Cell Or Bone Marrow Transplant
   o Reconstruction
   o Complementary/Alternative Therapies. *(Please Describe) ___________________________
   
   → None of The Above

11. Have you been diagnosed with a new, different type of cancer?
   
   o Yes
   o No
   
   If yes, which type? ____________________

12. What is your main work activity? *(Only Choose One)*
   
   o Unemployed Due To Cancer
   o Unemployed For Other Reasons
   o Working Full-Time
   o Working Part-Time
   o Sick Leave or Disability

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13. What is/was your occupation? ________________

14. In which of the following ranges does your total household income lie?
   - Less Than $20,000
   - $20,000-39,999
   - $40,000-59,999
   - $60,000-79,999
   - $80,000-99,999
   - Over $100,000

15. Do you have a health insurance plan in addition to your provincial health insurance (e.g., Blue Cross; Manulife)?
   - No
   - Yes

If yes, is this additional health insurance
   - Available Through Your Work
   - Purchased by You
   - Available Through Your Husband’s/Partner’s Plan

16. How many, and how old, are the children and/or elderly persons that you have primary responsibility for (i.e. financial responsibility, care giving responsibility)?

   Number of Children ______
   Ages of Children ________________________
   Number of Elderly ______
   Age of Elderly ________________________

Thank you for your participation.

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