

«AddressBlock»

Dear «FIRST_NAME»,

Thank you for your past donation of breast tissue to the Komen Tissue Bank. Your participation has been invaluable in studying the biology of breast cancer and has contributed to key advances in breast cancer research. As of May 2018, more than 38 studies have been published and many more are under investigation using samples from the Komen Tissue Bank.

Briefly, the studies have shown that the genes related to ages at first menstrual period, menopause, female hormones, the number of live births, and breastfeeding are all related to the features of normal breast tissue. Please visit the Komen Tissue Bank website if you would like to find out more.

<http://komentissuebank.iu.edu/researchers/published-research-with-ktb-samples/>

Given the prior findings, we would like to research early-life characteristics such as childhood body shape, pubertal timing, and growth spurt since these have been previously identified to be related to a woman's likelihood of developing breast cancer later in life.

With your support, we would like to study whether some features of breast tissue can be altered in response to these early-life characteristics. This effort may provide a stepping-stone to developing preventative strategies for breast cancer.

Thus, we would like to collect additional information related to your childhood and pubertal growth. **The entire questionnaire will take less than 10 minutes.** To thank you for taking the time to complete this questionnaire, we would like to send you a gift card for \$10 from Amazon or Starbucks. If you wish to receive your gift card, please email komentb@iupui.edu with your preference and up to date mailing address. Your answers are important to us.

- Please let us know if you have any questions or need any help. **Contact us via email: komentb@iupui.edu or phone: 866-763-0047.**
- We realize that some information for responding to these questions may be difficult to recall. We ask that you try and answer all the questions to the best of your knowledge. Even if not exact, your best estimates are valuable to the study.

Thank you for considering this request and for your tremendous contribution to the Komen Tissue Bank. Your participation is greatly appreciated.

Sincerely,

Komen Tissue Bank Staff

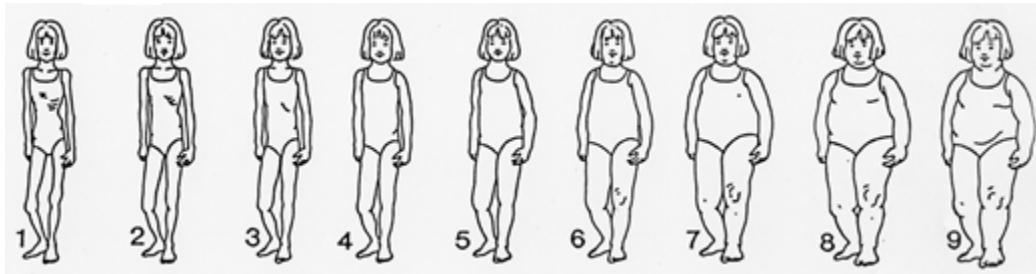
Early Life Questions

Shade circles like this: ●
 Not like this: ○
 Mark mistakes like this: ●

Your Body Shape

We would like to start by asking you about your body size in childhood and adolescence. The following diagram may help you recall your body size during your childhood and adolescence.

Which diagram best depicts your body size at each age?



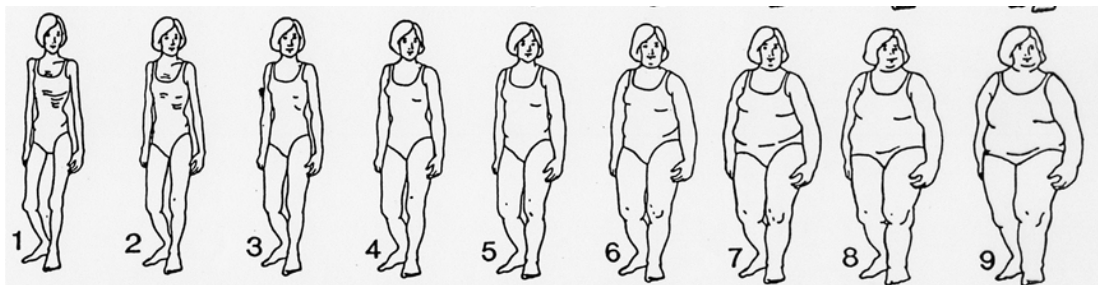
1. Age 5:

- 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

2. Age 10:

- 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

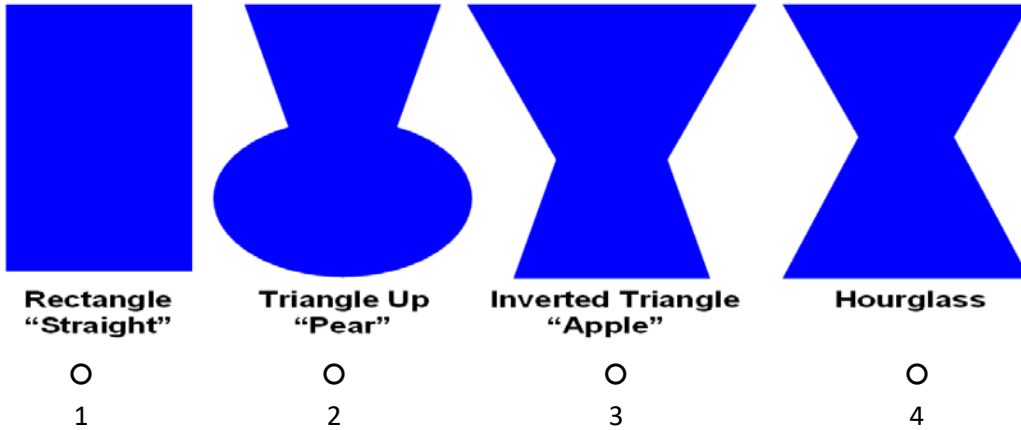
Which diagram best depicts your body size at each age?



3. Age 20:

- 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

4. How would you describe your body shape (think about the relative proportions of your chest, waist, and hips) at age 15-19 years? **The following diagram may help you recall your body shape during your adolescence. Please read the description below.**



1. Rectangle ("straight") – the circumference of your chest and hips are about the same and you have little to no waist; when you gain weight, it distributes evenly, although with excess your stomach may protrude.
2. Triangle Upward ("pear" or "spoon") – your hip circumference is greater than your chest and your waist is not prominent; when you gain weight, it tends to be disproportionately in your hips, rear, and thighs.
3. Inverted Triangle ("apple") – your chest circumference is greater than your hips and your waist is not prominent; when you gain weight, it tends to be disproportionately in your upper arm, shoulders (back), and chest (not necessarily the breasts)
4. Hourglass – the circumference of your chest and hips are about the same, but you have a pronounced waist; when you gain weight, it is distributed on your shoulders, chest, hips, and rear before affecting your waist and stomach.

5. How old were you when you reached your maximum adult height or stopped growing taller?
 ____ years (round to the nearest year)
6. What was your weight at age 18? Please use pre-pregnancy weight if you were pregnant at age 18.
 ____ lbs

Puberty

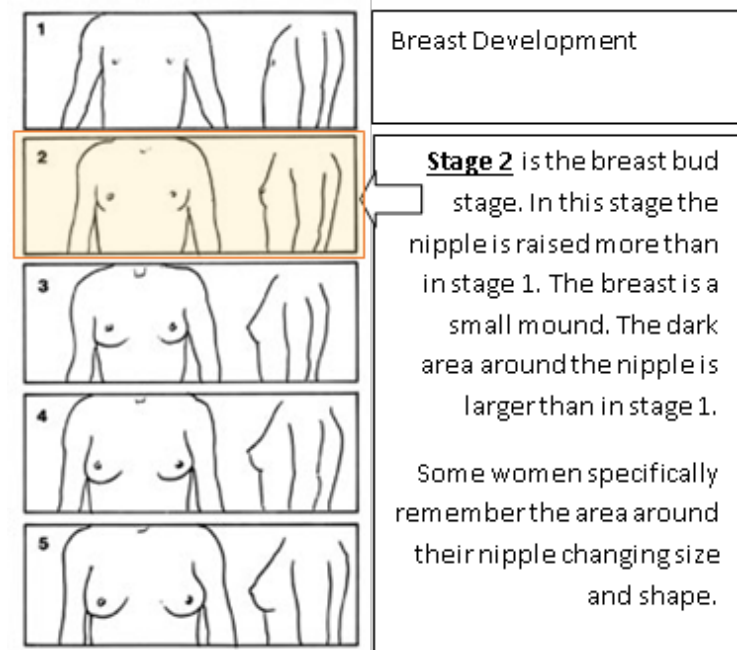
Now we are going to ask questions about puberty. Many women remember their first menstrual period, but we are also interested to know when other changes related to puberty began for you. We know that puberty may be hard to remember. Some women find it helpful to recall certain memories such as going swimming or changing for gym class to help them remember when puberty first started for them.

7. What was the first sign of puberty that occurred for you? Please choose only one.

- Growth spurt in height
- Breast growth
- Pubic hair growth
- First menstrual period

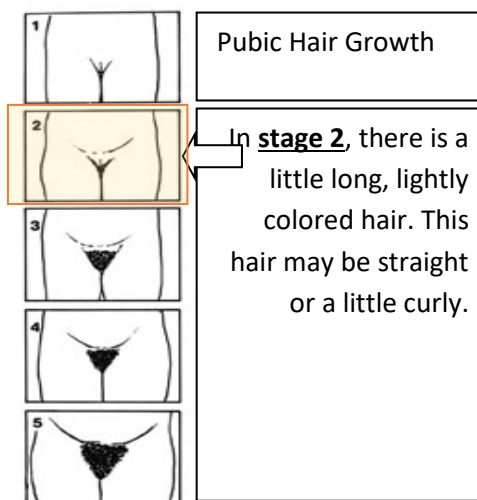
8. How old were you when your breast buds first appeared? (see **Stage 2** in the diagram)

___ years (round to the nearest year)



9. How old were you when your pubic hair first appeared? (see **Stage 2** in the diagram)

___ years (round to the nearest year)



10. How certain are you of your answers to the previous questions regarding your age at pubertal signs?

- Very certain
- Fairly certain
- Not certain

11. Please indicate your bra size during each of your respective tissue donations

a. What was your bra size at a previous tissue collection?

Chest circumference:

- 31 or lower
- 32
- 34
- 36
- 38
- 40
- 42
- 44
- 45 or higher

Cup size:

- AA or lower
- A
- B
- C
- D
- E (or DD)
- F (or DDD)
- G
- H or higher

Now we have some specific questions regarding your menstrual periods when you were younger.

12. How old were you when you had your first menstrual period? (Remember as best you can)

___ years

13. Were your menstrual periods ever regular? (Regular means that you had a period every month and could predict within 5 days when it would start. Please exclude any times you were taking birth control)

- No (**Skip to #16**)
- Yes

14. How old were you when you began having regular menstrual cycles? (Regular menstrual cycle means that you had a period every month and could predict within 5 days when it would start. Please exclude any times you were taking birth control)

___ years

15. Once your periods became regular, about how many days were there usually from the first day of one menstrual period to the first day of the next? (Please exclude any times you were taking birth control)

___ days

16. a. Did you ever seek medical evaluation for severe or prolonged acne?

- No (**skip to #17**)
- Yes

b. How old were you when your acne was first evaluated by a doctor?

___ years (round to the nearest year)

c. Did you take medication to treat your acne?

- No
- Yes

Physical Activity

Following are questions about your physical activity at various times in your life and at various intensity levels. For each age range below, please estimate the average amount of time that you spent in these activities. We recognize that this – is a difficult task, but we ask that you average your activity over seasons and years during the given age categories.

17. Sitting (e.g. watching TV, movies, or other electronic media; using a computer, sitting in a car or bus, etc)

<u>Average hours per week</u>	None	1	2-5	6-10	11-20	21-40	41-60	61-90	≥91	N/A
Age < 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 14-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 23-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Walking for transportation (e.g. to and from school or work)

<u>Average hours per week</u>	None	0.5	1-2	3-4	5-6	7-10	≥11	N/A
Age < 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 14-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 23-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Moderate recreational activity (e.g. hiking, walking for exercise, casual cycling, yard work. Do not count activities already reported).

<u>Average hours per week</u>	None	0.5	1-2	3-4	5-6	7-10	≥11	N/A
Age < 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 14-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 23-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Strenuous recreational activity (causes increased breathing, heart-rate or sweating. Examples include: running, aerobics, singles tennis, lap swimming, etc.)

<u>Average hours per week</u>	None	0.5	1-2	3-4	5-6	7-10	≥11	N/A
Age < 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 14-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 23-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alcohol Intake

21. On average, how many drinks do you have per week?

<u>Number of Drinks per week</u>	<1	1-6	7-14	15-21	>21	N/A
Age < 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 14-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 23-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Smoking

22. (Skip to #23 if you have never smoked) In the first few years that you smoked, how many cigarettes did you smoke each day?

- less than 5
- 5-14
- 15-24
- 25-34
- 35-44
- 45 or more

Oral Contraceptives

23. If you have ever used oral contraceptives or other hormonal birth controls, for each age at which you used OC's, please mark how long you used them. (Mark only one box for each age)

	Did not use	Used < 1 year	Used 1-3 years	Used > 3 years	N/A
Age < 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 14-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 23-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Residential History

24. What is the full street address of the residence where you lived the longest before age 14? (Please provide as much information as you can.)

- a. Building number _____
- b. Street _____
- c. City _____
- d. State _____
- e. Country _____

25. To the best of your recollection, what year did you start and stop living there?

_____ to _____
year year

26. Which of the following best describes this residence?

- Single family house or multi-family house
- Townhouse, row house, apartment, or condominium building up to four stories
- Apartment of condominium building with five or more stories
- Mobile home or trailer
- A room in an institution, such as a group home
- Another kind of residence

Pregnancy and Breast Feeding

27. Have you ever been pregnant?

- No **(skip to the end of questionnaire)**
- Yes

28. How many times have you been pregnant? _____ times pregnant

29. For each live birth, please answer the following questions:

1. Birth year: ____ / _____ (MM/YYYY)
2. Birth year: ____ / _____ (MM/YYYY)
3. Birth year: ____ / _____ (MM/YYYY)
4. Birth year: ____ / _____ (MM/YYYY)
5. Birth year: ____ / _____ (MM/YYYY)

Thank you for completing this questionnaire!