

CBCS3 Follow Up #7 (7-year) Telephone Call Log

Name: «FNAME» «LNAME»	AGE: «SUBJECT_CURRENT_AGE»
Address : «ADDR1» «ADDR2» «CITY» «STATE» «ZIP»	In-home interview date: «NURSE_VISIT_DATE» Interviewing Nurse: «NURSE_NAME»
1st Phone #: «PHONE1»	DOB: «DOB»
2nd Phone #: «PHONE2»	Email: «EMAIL_ADDR»

COMMENTS: «SUBJECT_ADDR_COMMENTS»; «SUBJECT_COMMENTS»

ADDRESS HISTORY: (Obtain 2-year address history and enter in address tab in CBCS database for FU#7.)

READ: Please let me double-check your address and phone number. (Review address and telephone contact info printed above. Make telephone corrections above. If tel. and address incorrect, please ask participant to provide age or birthday (month and day only) to confirm correct identity. Do not provide DOB to them!)

A. Is this the correct contact information for you? 1__ YES 2__ NO

If YES: **When did you begin living at this address?** _____, _____
(Month) (Year)

(Calculate number of years at current address)

So, you've been living at this address continuously for about ____ years?

(If LESS THAN 2 years at current address, Go to C)

If NO:

B. Correct Street address: _____

Correct City, State, Zip: _____

When did you begin living at this address? _____, _____
(Month) (Year)

(Calculate number of years at current address)

So, you've been living at this address continuously for about ____ years?

(If LESS THAN 2 years at current address, Go to C)

C. What was your previous address?

1st Previous street address: _____

City, State, Zip: _____

When did you live at this address? FROM: _____, _____
(Month) (Year)

TO: _____, _____
(Month) (Year)

If LESS THAN 2 years (total at above addresses), obtain 2 year address history on separate sheet of paper and transfer to Address History tab in database after interview is completed.

READ: Thanks! Okay, let's get started. (Return to Follow-up #7 Telephone survey, p. 1)

Name: «FNAME» «LNAME»	AGE: «SUBJECT_CURRENT_AGE»
Address : «ADDR1» «ADDR2» «CITY» «STATE» «ZIP»	In-home interview date: «NURSE_VISIT_DATE» Interviewing Nurse: «NURSE_NAME»
1st Phone #: «PHONE1»	DOB: «DOB»
2nd Phone #: «PHONE2»	Email: «EMAIL_ADDR»

COMMENTS: «SUBJECT_ADDR COMMENTS»; «SUBJECT COMMENTS»

Call #	Initials	Date	Time	*Result	Comments
1.			____:____ AM / PM		
2.			____:____ AM / PM		
3.			____:____ AM / PM		
4.			____:____ AM / PM		
5.			____:____ AM / PM		
6.			____:____ AM / PM		
7.			____:____ AM / PM		
8.			____:____ AM / PM		
9.			____:____ AM / PM		
10.			____:____ AM / PM		
11.			____:____ AM / PM		
12.			____:____ AM / PM		
13.			____:____ AM / PM		
14.			____:____ AM / PM		

*Results: NA=No Ans.; B=Busy, NH=Not Home; LVM=Left Voice Mail; CB=Call Back; R=Refused; NFC=No Further Contact; CC=Call Completed

NOTES:

CBCS3 Follow Up #7 (7-Year) Telephone Survey/HP Form

Name: «FNAME» «LNAME»	Collected by (your initials):
DOB: «DOB» AGE: «SUBJECT_CURRENT_AGE»	Date collected: ___ ___ / ___ ___ / ___ ___
Date of Elig: «CCR_FIRST_ELIG_DATE»	Start time: ___ ___ : ___ ___ am / pm

READ: Thank you for agreeing to talk with me about the treatments you received for breast cancer. All of the information you share with me today will be kept confidential, and it should only take about 15 to 20 minutes. We'll also send you a check for **\$10** within 4 weeks of completing this call. Do you have any questions before we begin?

VERIFY PARTICIPANT'S ADDRESS/CONTACT INFO:

READ: Before we get started, please let me double-check your address and phone number. (Review/update address history info printed on **call log**.)

READ: The last time we talked, we reviewed your breast cancer treatment. I'd like to go over that with you now in order to update your treatment information. (See HP sheet. Note addl. Med. Recs. needed)

1. First, I'd like to review any **SURGERY, BIOPSY, or RECONSTRUCTION** procedures you've had since we last talked to you. (Review the surgery/biopsy sections (actual and scheduled procedures) listed on Subject Health Professional Information (HP) report. Verify treatment dates and facility.)

Have you had any more procedures, such as biopsies, surgeries, or reconstruction, for breast cancer or for another cancer? This would include procedures for your initial diagnosis, a recurrence, a new breast cancer, or another cancer.

1 ___ YES 2 ___ NO (Skip to Q. 2)

<p>1st Surgical Procedure not listed on HP Report</p> <p>SCHEDULED or ACTUAL Surgical Procedure DATE: _____ (Circle "Scheduled" or "Actual" above)</p> <p>Treatment for: ___ Initial Diagnosis ___ Recurrence ___ New Breast Primary ___ Other Cancer</p> <p>Procedure type(s): _____</p> <p>Facility/Clinic Name/Address: _____</p> <p>Doctor Name/Address: _____</p> <p>COMMENTS: _____</p> <p>_____</p>

2nd Surgical Procedure not listed on HP Report

SCHEDULED or **ACTUAL** Surgical Procedure DATE: _____
 (Circle "Scheduled" or "Actual" above)

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Procedure type(s): _____

Facility/Clinic Name/Address: _____

Doctor Name/Address: _____

COMMENTS: _____

3rd Surgical Procedure not listed on HP Report

SCHEDULED or **ACTUAL** Surgical Procedure DATE: _____
 (Circle "Scheduled" or "Actual" above)

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Procedure type(s): _____

Facility/Clinic Name/Address: _____

Doctor Name/Address: _____

COMMENTS: _____

Additional surgical procedures? 1 ___ YES (Include additional page) 2 ___ NO

2. Now I'm going to ask you about **CHEMOTHERAPY**. Chemotherapy is sometimes given before surgery to shrink a tumor or after surgery to destroy leftover (microscopic) cells that may remain after tumor removal by surgery, to prevent a possible recurrence. (Review the chemo section of HP Report with participant. Verify treatment dates and facility.)

Have you had any (additional) chemotherapy, including appointments for consults, or are you scheduled to receive chemotherapy in the future? This would include chemotherapy for your initial diagnosis, a recurrence, a new breast cancer, or another cancer.

1 ___ YES 2 ___ NO (skip to Q. 3)

1st Chemo Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Chemo Treatment START DATE: _____

(Circle "Scheduled" or "Actual" above)

Is treatment completed or ongoing or stopped? 1___COMPLETED 2___ONGOING 3___STOPPED

Expected or Actual Chemo Treatment END DATE: _____

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

Doctor Name/Address: _____

COMMENTS: _____

2nd Chemo Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Chemo Treatment START DATE: _____

(Circle "Scheduled" or "Actual" above)

Is treatment completed or ongoing or stopped? 1___COMPLETED 2___ONGOING 3___STOPPED

Expected or Actual Chemo Treatment END DATE: _____

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

Doctor Name/Address: _____

COMMENTS: _____

Additional chemotherapy treatments? 1___ YES (Include additional page) 2___ NO

3. Now I'm going to ask you about **RADIATION THERAPY**. Radiation therapy is when a machine is used to send a radiation beam to treat cancer. I am NOT referring to imaging, such as mammograms, MRI or ultrasound. Instead, I am referring to radiation used to treat your cancer. (Review the radiation therapy section of HP Report with participant. Verify treatment dates and facility.)

Have you had any (additional) radiation treatments or consults or appointments about radiation, or are you scheduled to receive radiation in the future? This would include: radiation treatments for your initial diagnosis, recurrence, or another cancer.

1___ YES 2___ NO (skip to Q. 4)

1st Radiation Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Radiation Treatment START DATE: _____
 (Circle "Scheduled" or "Actual" above)

Expected or Actual Radiation Treatment END DATE: _____

Is treatment completed or ongoing or stopped? 1___COMPLETED 2___ONGOING 3___STOPPED

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

Doctor Name/Address: _____

COMMENTS: _____

2nd Radiation Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Radiation Treatment START DATE: _____
 (Circle "Scheduled" or "Actual" above)

Expected or Actual Radiation Treatment END DATE: _____

Is treatment completed or ongoing or stopped? 1___COMPLETED 2___ONGOING 3___STOPPED

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

Doctor Name/Address: _____

COMMENTS: _____

Additional radiation treatments? 1___ YES (Include additional page) 2___ NO

4. Now I want to ask you about OTHER TREATMENTS you may have had. (Review the Other Treatments/Visits listed on HP summary with participant.)

Are there any other health care providers (physician, clinic, hospital, etc.) who treated you or followed up with you, or whom you are scheduled to see, for treatment or surgery related to breast cancer or another type of cancer? This may include follow-up office visits with your surgeon or plastic surgeon, oncologist or doctor, radiation oncologist, primary care physician, or being treated for lymphedema or other side effects, or taking tamoxifen, hormones, herceptin, avastin, or alternative and complementary therapy, or any other treatments, but **not** mammograms or chest x-rays (Alternative and complementary therapy examples: acupuncture, massage therapy, herbal supplements).

1___ YES 2___ NO (Skip to Q. 5)

1st Visit/Other Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Treatment/Visit Date: _____
(Circle "Scheduled" or "Actual" above)

Purpose of Visit: _____

If Follow-up or annual visit, ask: Was this a routine follow-up, or did the doctor address a specific health issue or problem you were having? ___Routine Visit ___Problem

(Specify, if problem): _____

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

(Ordering) Doctor Name/Address: _____

Doctor/Facility Tel. _____

COMMENTS: _____

2nd Visit/Other Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Treatment/Visit Date: _____
(Circle "Scheduled" or "Actual" above)

Purpose of Visit: _____

If Follow-up or annual visit, ask: Was this a routine follow-up, or did the doctor address a specific health issue or problem you were having? ___Routine Visit ___Problem

(Specify, if problem): _____

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

(Ordering) Doctor Name/Address: _____

Doctor/Facility Tel. _____

COMMENTS: _____

3rd Visit/Other Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Treatment/Visit Date: _____
(Circle "Scheduled" or "Actual" above)

Purpose of Visit: _____

If Follow-up or annual visit, ask: Was this a routine follow-up, or did the doctor address a specific health issue or problem you were having? ___Routine Visit ___Problem

(Specify, if problem): _____

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

(Ordering) Doctor Name/Address: _____

Doctor/Facility Tel. _____

COMMENTS: _____

4th Visit/Other Treatment not listed on HP Report

SCHEDULED or **ACTUAL** Treatment/Visit Date: _____
(Circle "Scheduled" or "Actual" above)

Purpose of Visit: _____

If Follow-up or annual visit, ask: Was this a routine follow-up, or did the doctor address a specific health issue or problem you were having? ___Routine Visit ___Problem

(Specify, if problem): _____

Treatment for: ___Initial Diagnosis ___Recurrence ___New Breast Primary ___Other Cancer

Facility/Clinic Name/Address: _____

(Ordering) Doctor Name/Address: _____

Doctor/Facility Tel. _____

COMMENTS: _____

Additional visits/other treatments? 1___ YES (Include additional page) 2___ NO

5. Have you had any **recurrences** of your breast cancer? This means the breast cancer has come back in the same place or it has spread from the original tumor to another part of your body.

1___ YES 2___ NO (Skip to Q. 6) 9___ NA or Don't Know (Skip to Q. 6)

5a. When was the recurrence? _____

5b. In what part of your body? _____

5c. Have you received any treatment for the recurrence? 1___ YES 2___ NO

5d. How were you diagnosed? (**Read options**, check all that apply)

a___ Blood test

b___ Biopsy or surgery

c___ Imaging (ultrasound, pet scan, cat scan, x-ray)

d___ Other: _____

If YES to 5c (treatments), Record treatments/visits/dates in Q. 1 thru 4. Check Treatment for "Recurrence."

6. Have you been diagnosed with a **new breast tumor**? This means you had a new breast tumor in a new area on the same breast or in the other breast—some people call this a second primary.

1___ YES 2___ NO (Skip to Q. 7) 9___ NA or Don't Know (Skip to Q. 7)

6a. When were you diagnosed with the new breast tumor? _____

6b. Was it in the same breast or the other breast? _____

6c. Have you received any treatment for the new tumor? 1___ YES 2___ NO

6d. How were you diagnosed? (**Read options**, check all that apply)

a___ Blood test

b___ Biopsy or surgery

c___ Imaging (ultrasound, pet scan, cat scan, x-ray)

d___ Other: _____

If YES to 6c (treatment), Record treatments in Q. 1 thru 4. Check treatment for "New Breast Primary."

7. (**If YES to 5 (recurrence) or 6 (new breast primary)**). With your permission, we want to request samples of the diagnostic surgeries or procedures for your (recurrence or new breast primary) to compare with the tissue we have from your original diagnosis. We'd like to mail the consent form and tumor block release form to you along with a pre-paid business reply envelope. If you sign and mail it back, we'll send you an additional check for **\$15**.

May I send the **tumor block release** to you for your signature? 1___ YES 2___ NO
(If **YES**, circle YES on checklist (last page of survey) next to "Tumor block release form")

8. Since your breast cancer diagnosis, have you been told by a doctor that you had cancer in a place other than your breasts?

1 ___ YES 2 ___ NO (Skip to Q. 10) 9 ___ NA or Don't Know (Skip to Q. 10)

9.	a. What type of cancer did you have?	b. What year was this cancer diagnosed? (must be after breast cancer dx year)
1 st Diagnosis	_____	____ _ ____ _ ____ (9999 if don't know)
2 nd Diagnosis	_____	____ _ ____ _ ____ (9999 if don't know)
3 rd Diagnosis	_____	____ _ ____ _ ____ (9999 if don't know)

If YES, go back to #4 and enter treatment info for other cancer(s).

Additional cancers? 1 ___ YES (Include additional page) 2 ___ NO

10. (If new treatment is indicated in questions 1-9): In order to update our records, we may want to request copies of your medical records from the doctors and hospitals you mentioned. We'd like to mail the HIPAA and medical records release forms to you along with a pre-paid business reply envelope. If you sign and mail them back, we'll send you an additional check for **\$15**.

May I send the **medical record forms** to you for your signature? 1 ___ YES 2 ___ NO
(If **YES**, circle YES on checklist (last page of survey) next to "Medical records release/HIPAA forms")

[Transition statement] Now we've got some questions about your general health, Okay?

READ: Next I will be asking you some questions about any medical conditions you may have been diagnosed with **since your breast cancer diagnosis**, and if you have taken medications for these conditions.

Since your breast cancer diagnosis , have you been told by a doctor or other health professional that you had any of the following conditions?	a. Answer:	b. What year was this condition diagnosed?	c. Do you currently take any prescription medications for this condition?
11. Alzheimer's disease	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ _ ____ _ ____ (DK: 9999)	1 ___ Yes 2 ___ No
12. Arthritis	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ _ ____ _ ____ (DK: 9999)	1 ___ Yes 2 ___ No
13. Asthma	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ _ ____ _ ____ (DK: 9999)	1 ___ Yes 2 ___ No

Since your breast cancer diagnosis, have you been told by a doctor or other health professional that you had any of the following conditions?	a. Answer:	b. What year was this condition diagnosed?	c. Do you currently take any prescription medications for this condition?
14. Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
15. Diabetes – do not include diabetes during pregnancy	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
16. HIV/AIDS	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
17. Hypertension	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
18. Weak or failing kidneys – do not include kidney stones, bladder infections, or incontinence	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
19. Liver conditions, for example cirrhosis of the liver, chronic liver disease	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
20. Osteoporosis	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
21. Inflammatory bowel disease, such as Crohn's Disease / Ulcerative Colitis	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No
22. Ulcer – stomach, duodenal or peptic ulcer	1 ___ Yes → 2 ___ No 9 ___ DK or NA	____ ____ ____ ____ (DK: 9999)	1 ___ Yes 2 ___ No

Since your breast cancer diagnosis, have you been told by a doctor or other health professional that you had any of the following conditions?	a. Answer:	b. What year was this condition diagnosed?	c. Do you currently take any prescription medications for this condition?
23. Anxiety	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
24. Depression	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
25. Bipolar Disorder	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
26. Schizophrenia	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
27. Congestive heart failure	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
28. Angina/chest pain	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
29. Heart attack/ myocardial infarction	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
30. High cholesterol	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
31. Stroke	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No

Since your breast cancer diagnosis, have you been told by a doctor or other health professional that you had any of the following conditions?	a. Answer:	b. What year was this condition diagnosed?	c. Do you currently take any prescription medications for this condition?
32. Blood clot in a leg or deep vein thrombosis	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
33. Blood clot in your lungs or a pulmonary embolus	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
34. Problem with your thyroid	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
35. Any other serious condition? Specify: _____	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No
36. Any other serious condition? Specify: _____	1 ___ Yes → 2 ___ No 9 ___ DK or NA	_____ (DK: 9999)	1 ___ Yes 2 ___ No

37. Overall, how many different prescription medications do you currently take? ___

READ: Thank you for completing the general health section. Next, I want to ask some questions about your lifestyle.

38. How much do you currently weigh? ___ lbs. (enter 888 if don't know or NA)

39. Have you gained or lost more than 5 pounds in the past two years?

1 ___ YES 2 ___ NO (Skip to Q. 40) 9 ___ Don't Know (Skip to Q.40)

39a. ___ Gained: How much? ___ lbs.

39b. ___ Lost: How much? ___ lbs.

40. Do you currently smoke?

1___ YES 2___ NO (Skip to Q. 41) 9___ NA or UNK (Skip to Q. 41)

40a. On average, how many cigarettes do you smoke per day? (20 cigs/pk)

- 1___ More than 2 packs
 2___ >1½ to 2 packs
 3___ >1 to 1½ pack
 4___ ½ to 1 pack
 5___ Less than ½ pack
 6___ Once in a while, not every day
 9___ NA

41. Do you currently drink alcoholic beverages?

1___ YES 2___ NO (Skip to Q. 42) 9___ NA (Skip to Q. 42)

41a. On average, how many drinks containing alcohol do you have each **week**? By one drink, we mean, for example, a 12 ounce can or glass of beer or cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor.

_____ drinks per week
 (Enter "000" if less than 1 drink per week)

42. **READ:** Now I am going to ask you a few questions about your physical activity since we last spoke to you. I am going to ask about moderate and vigorous physical activity.

Moderate activities cause your heart rate and your breathing to go up just a little bit.

How many days per week do you do moderate physical activity for at least 10 minutes at a time?

_____ Days per week (enter 9 for Not Answered or Unknown)

43. **Vigorous activities cause a large increase in your heart rate and breathing rate.**

How many days per week do you do vigorous physical activity for at least 10 minutes at a time?

_____ Days per week (enter 9 for Not Answered or Unknown)

44. What type of health insurance do you have **now**? (Read options, check all that apply)

- a_____ None
 b_____ Private health insurance purchased on your own or by your husband or partner
 c_____ Private health insurance from your employer or workplace or that of your husband or partner
 d_____ Medicaid
 e_____ Medicare
 f_____ Any other insurance that covers part of your medical bills
 g_____ Not Answered or Unknown

45. **Since your diagnosis of breast cancer**, was there a time when you did not have any health insurance?

1___YES 2___NO (Skip to Q. 46) 9___NA or Unknown (Skip to Q. 46)

45a. Combining all of the times that you were without coverage **since your diagnosis**, what was the total amount of time that you did not have health insurance? (ENTER years and months, enter 00 if none, enter 99 if Unknown)

____ ____ Years ____ ____ Months

46. **Since your diagnosis of breast cancer**, was there ever a time that you wanted to see a doctor, but could not because of financial issues?

1___YES 2___NO 9___NA or Unknown

47. **Since your diagnosis of breast cancer**, was there ever a time that you wanted to see a doctor, but could not, because of transportation issues?

1___YES 2___NO 9___NA or Unknown

48. You may remember that as part of your second follow up at about 18 months after your in-home interview, we mailed you a survey with questions about quality of life and other health-related matters that women with breast cancer have reported are important. Since it's been about 5 years since you completed that survey, we would like to send you a similar survey. If you complete it and mail it back, we'll send you an additional check for **\$25**. We'll include a pre-paid envelope to mail it back to us.

May we send this survey to you? 1___YES 2___NO
(If **YES**, circle YES on checklist (last page of survey) next to "Mail-in (Appendix B) survey")

49. We would like your permission to contact you again in another year or so, just to see how you're doing. Is that okay with you?

1___YES 2___NO (Note any reason mentioned for no further contact below, then Skip to Q. 51.
NOTE: update CBCS database "May Contact" field to "NO")

If **NO**, comments/reason: _____

CONSENT ADDENDUM

Read: The last thing I need to do is read a short consent addendum to you.

(READ CONSENT ADDENDUM VERBATIM, CHECK APPROPRIATE ANSWERS, SIGN/DATE FORM. It is fine to summarize or explain the options on the consent addendum AFTER reading the entire form to the participant.)

(Note: Must include a copy of consent addendum in mailing – Circle YES in checklist box on last page of survey YES on checklist (last page of survey) next to "Consent Addendum")

OTHER CONTACTS

(If Consent Addendum indicates YES to contacting other contacts – If NO, Go to Q. 51.)

50. VERIFY OTHER CONTACT INFO: READ: In case we can't reach you, is there a name and phone number you can give us for a friend or relative who may be able to help us find you? (**VERIFY OTHER CONTACT INFO from printouts, update if needed**).

1___YES 2___NO (Go to Q. 51)

(If Yes) 1st contact:

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____ E-Mail address: _____

Is there a 2nd contact?

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____ E-Mail address: _____

(ENTER all new contact info in CBCS)

51. Do you have any questions or comments, before we end? 1___YES 2___NO

(Answer general questions about the study only. For medical questions, refer them to their MD.)

READ: That's it for questions! Thank you for completing this call. You should be receiving a mailing from us within 4 weeks, including a check for **\$10** to thank you for taking the time to complete this follow up call with us.

CHECKLIST FOR MAILING (REVIEW WITH STUDY PARTICIPANT)		
(If YES to any other items below, please mention that they may be in the mailing, as well as business reply envelope.)		
Mail-in (Appendix B) survey (w/pre-paid envelope)	YES	NO
Consent Addendum (1 copy "FOR YOUR RECORDS")	YES	NO
Medical records release/HIPAA forms (2 copies)	YES	NO
New consent form for additional tissue specimen	YES	NO
Tumor block release form (2 copies)	YES	NO
Other? _____	YES	NO

ENDING: Thank you so much for all your help with the Carolina Breast Cancer Study. Please contact us anytime, we always look forward to speaking with you. Our toll-free number is 1-866-927-6920, and my name is _____. On behalf of the Carolina Breast Cancer Study, we wish you all the best.

Interview Call End time: ____ : ____ am / pm

NOTES:

University of North Carolina-Chapel Hill**Consent to Participate in a Research Study****Addendum to provide additional information to subject after original consent****IRB Study #92-0410****Consent Form Version Date:** November 30, 2017**Title of Study:** LCCC 9204: Population-Based Molecular Epidemiology of Breast Cancer: “The Carolina Breast Cancer Study”**Principal Investigator:** Andy Olshan, PhD, Dept. of Epidemiology (919) 966-7424;
andy_olshan@unc.edu**Study Contact:** Mary Beth Bell, Project Manager (919) 966-9438; email mbell@unc.edu

The following information should be read as an addition to the original Consent Form that you read and signed at the beginning of the study. Unless specifically stated otherwise in the following paragraphs, all information contained in that original Consent Form is still true and remains in effect. Your participation continues to be voluntary. You may refuse to participate, or may withdraw your consent to participate at any time, for any reason. A copy of this consent addendum will be provided to you by mail.

New or additional information**Consent Addendum**

In the event we are unable to reach you for future contact at the telephone number, address, or email on file for you, we may attempt to find updated contact information for you by calling the people you have provided as “other contacts.” We may also contact the health care providers that we have on file for you to ask for updated contact information. We may also try to find updated information that is available publicly on the internet, such as Facebook or Google.

We will always maintain your privacy and confidentiality during any contact attempts. We will say only that we are trying to reach you about a UNC health study. We will ask to speak with you directly. If you are no longer affiliated with that number, we will request your updated contact information. We will never identify the Carolina Breast Cancer Study by name or indicate that you are enrolled in the Carolina Breast Cancer Study. We will never mail any study materials to an address other than the one you, your other contacts, your physician, or the post office provides to us.

Subject’s Agreement:

The information contained in the consent addendum has been read to me, and I may contact the study personnel listed on this consent addendum if I have any questions or concerns. If necessary, in order to obtain updated contact information for me in the future, I voluntarily allow study staff to contact:

My “other contacts:” ___ **YES** ___ **NO**My health care providers: ___ **YES** ___ **NO**My place of work: ___ **YES** ___ **NO**_____
Signature of Staff Person Reading Consent Addendum_____
Date_____
<<FNAME>> <<LNAME>>**Name of Study Participant**

