

BREAST PATIENT FACTORS – BASELINE (to be completed pre-radiotherapy)

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF

Height (cm)

□□□

Weight at cancer diagnosis (kg)

□□□

Age at start of radiotherapy (yrs)

□□

Bra cup size

□

1=AA
2=A
3=B
4=C
5=D
6=E/DD
7=F (E Italy)
8=G (F Italy)
9=H (FF Italy)
10=J (G Italy)
11> J (G Italy)

Band size

□

1=28 (UK)
2=30 (UK)
3=32 (UK) 70 (EU) 85 (Fr) 1 (It)
4=34 (UK) 75 (EU) 90 (Fr) 2 (It)
5=36 (UK) 80 (EU) 95 (Fr) 3 (It)
6=38 (UK) 85 (EU) 100 (Fr) 4 (It)
7=40 (UK) 90 (EU) 105 (Fr) 5 (It)
8=42 (UK) 95 (EU) 110 (Fr) 6 (It)
9=44 (UK) 100 (EU) 115 (Fr) 7 (It)
10>above

Smoker

□

0=Never
1=Ex before cancer diagnosis
2=Ex since cancer diagnosis
3=Current
7=Do not wish to answer

If ever smoker

Duration of smoking (yrs)

□□

No. of tobacco products a day

□□□

Tobacco product

If ex smoker before cancer diagnosis:
Time since quitting smoking (yrs)

□□

Alcohol intake

□

0=Never
1=Previously consumed alcohol, but stopped BEFORE cancer diagnosis
2=Previously consumed alcohol, but stopped AT cancer diagnosis
3=Current
7=Do not wish to answer

Previous alcohol consumption:
Approximate number of
alcoholic drinks a week

□□□

777=Do not wish to answer
888=Not applicable

Current alcohol consumption:
Approximate number of
alcoholic drinks a week

□□□

777=Do not wish to answer
888=Not applicable

Menopausal status at time
of cancer diagnosis☐1=Pre
2=Post
3=PeriIf postmenopausal,
age of menopause (yrs)☐☐If postmenopausal, use of
menopausal hormone
replacement therapy?☐0=No
1=Yes

Diabetes

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

History of heart disease

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

Rheumatoid Arthritis

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

Systemic Lupus Erythematosus

☐0=No
1=Yes

If yes, duration (yrs)

☐☐Other collagen vascular
disease☐0=No
1=Yes

If yes, duration (yrs)

☐☐

Hypertension

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

Depression

☐0=No
1=Yes

If yes, duration (yrs)

☐☐*Medication at cancer diagnosis*

On anti-diabetic drug?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

On ACE inhibitor?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐On other anti-hypertensive
drug?☐0=No
1=Yes

If yes, duration (yrs)

☐☐

On statin?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

On other lipid-lowering drugs?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

On amiodarone?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

On analgesics?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐

On anti-depressant?

☐0=No
1=Yes

If yes, duration (yrs)

☐☐Family history of breast cancer
in first degree relative☐0=No
1=YesFamily history of
radiotherapy toxicity☐0=No
1=Yes
9=Not known

Other co-morbidity _____

Previous Malignancies?

☐ 0=No
☐ 1=Yes

Which type?

ICD-10 / ICD-O-3 coding:

□□□.□ / □□□□/□

Date of diagnosis (dd/mm/yyyy)

□□/□□/□□□□

Therapy received for previous malignancy

Surgery	<input type="checkbox"/> 0=No 1=Yes	Hormonal therapy	<input type="checkbox"/> 0=No 1=Yes	Chemo therapy	<input type="checkbox"/> 0=No 1=Yes	Radio therapy	<input type="checkbox"/> 0=No 1=Yes
Other therapy	<input type="checkbox"/> 0=No 1=Yes	No therapy	<input type="checkbox"/> 0=No 1=Yes				

Date of last therapy for previous malignancy (dd/mm/yyyy)

□□/□□/□□□□

Ethnicity

☐ ☐

- 1=White (European or American European)
 2=White and Black Caribbean Mixed
 3=White and Black African Mixed
 4=White and Asian Mixed
 5=Hispanic American
 6=Turkish
 7=Indian
 8=Pakistani
 9=Bangladeshi
 10=Chinese
 11=Japanese

- 12=Other Asian
 13=Black Caribbean
 14=Black African
 15=Northern African
 16=African American
 17=Jewish Ashkenazi
 18=Jewish Sephardi
 19=Any Other Ethnic Background; please specify _____
 77=Patient refused to give answer

Highest educational/professional qualification received

☐

- 1=Primary school
 2=Secondary school (Please select an option _____)
 3=Professional school (e.g. technical. Please specify type _____)
 4=University (or equivalent)
 5=Others, please specify _____
 7=Do not wish to answer

Options for "Secondary school":

- a. UK: GSCE / O level
 b. UK: A level
 c. US: High school
 d. B: Algemeen Secundair Onderwijs
 e. GER: Hauptschule
 f. GER: Realschule/Mittlere Reife
 g. GER: Gymnasium/Abitur
 h. CH: Realschule
 i. CH: Sekundarschule

- j. CH: Gymnasium / Matura
 k. F: college
 l. F: lycée/baccalaureate
 m. I: scuola secondaria di primo grado
 n. I: scuola secondaria di secondo grado
 o. NL: voortgezet onderwijs
 p. SP: Educación Secundaria Obligatoria/Bachillerato
 q. Other, please specify _____

Net household income (average) per month
☐ ☐

- 1=<1.000 €
 2=1.000-<2.000€
 3=2.000-<3.000€
 4=3.000-<4.000€
 5=4.000-<5.000€
 6=5.000-<6.000€
 7=6.000-<7.000€
 8=7.000-<8.000€
 9=8.000€ and higher
 77= Do not wish to answer

Number of household members

☐ ☐