CODING VERSION

The Raine Study Gen2_27 year follow up

TiBS Study

Date.....
IDNumber.....
Name.....
Date of Birth.....

TiBs Q done: Y27_TiBsQ

Reproductive History

1. **How old were you when you had your first period?** **Y27_TiBs1** .....

2. **Have you ever had a pregnancy?** **Y27_TiBs2**
   - ☐ No, *Please go to Q4*
   - ☐ Don't know, *Please go to Q4*
   - ☐ Yes, *Please go to Q2a*

2a. If Yes, How many pregnancies have you had? **Y27_TiBs2a** .....

2b. Are you currently pregnant? **Y27_TiBs2b** No ☐ Yes ☐ How many months? .....

2c. Are you currently breastfeeding **Y27_TiBs2c** No ☐ Yes ☐

3. Information on pregnancy, birth and baby

First pregnancy	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
○ Livebirth - singleton **Y27_TiBs3a1** ○ Livebirth - twins	**Y27_TiBs3a2**	**Y27_TiBs3a3**
○ Livebirth - triplets		
○ Stillbirth		
○ Miscarriage		
○ Ectopic		
○ Termination		
○ Don't know		
Sex of baby(ies) **Y27_TiBs3a4** ☐ Male ☐ Female	**Did you breast feed?** **Y27_TiBs3a5** ☐ No ☐ Yes	**For how long did you breast feed? (number of weeks or months)** **Y27_TiBs3a6**

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Second pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
○ Livebirth - single Y27_TiBs3b1 ○ Livebirth - twins	Y27_TiBs3b2	Y27_TiBs3b3
○ Livebirth - triplets		
○ Stillbirth		
○ Miscarriage		
○ Ectopic		
○ Termination		
○ Don't know		
Sex of baby(ies) Y27_TiBs3b4 ☐ Male ☐ Female	**Did you breast feed?** Y27_TiBs3b5 ☐ No ☐ Yes	**For how long did you breast feed (number of weeks or months)** Y27_TiBs3b6

Third pregnancy

Outcome	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
○ Livebirth - single Y27_TiBs3c1 ○ Livebirth - twins	Y27_TiBs3c2	Y27_TiBs3c3
○ Livebirth - triplets		
○ Stillbirth		
○ Miscarriage		
○ Ectopic		
○ Termination		
○ Don't know		
Sex of baby(ies) Y27_TiBs3c4 ☐ Male ☐ Female	**Did you breast feed** Y27_TiBs3c5 ☐ No ☐ Yes	**For how long did you breast feed (number of weeks or months)** Y27_TiBs3c6

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4. Contraceptive Use and Menstruation

Do you currently use contraception? Y27_TiBs4

- ○ No *(Please go to Q5)*
- ○ Yes

What kind of contraception do you use? (tick all that apply)

- ○ Male condoms Y27_TiBs4b1
- ○ Female condoms Y27_TiBs4b2
- ○ Diaphragm Y27_TiBs4b3
- ○ Oral contraceptive pill (please give the name: _____ Y27_Oral Y27_TiBs4b4
- ○ Coil Y27_TiBs4b5
- ○ Injection (Depo Provera) Y27_TiBs4b6
- ○ Implant (e.g. Implanonon) Y27_TiBs4b7
- ○ Inter uterine device (IUD, Ring) Y27_TiBs4b8
- ○ Sterilisation (vasectomy, tubal ligation) Y27_TiBs4b9
- ○ Contraceptive vaginal ring Y27_TiBs4b10
- ○ Other (please specify) ..... Y27_TiBs4b11 .....

5. What was the date of your last menstrual period (first day) ___ /___ /_____ Y27_TiBs5

6. If your periods have stopped for more than 2 months, why did they stop? *(select one answer only)*

- ○ Periods have not stopped Y27_TiBs6a
- ○ Irregular periods (no contraception use) Y27_TiBs6b
- ○ Contraception use Y27_TiBs6c
- ○ Natural menopause (that is, periods stopped by themselves) Y27_TiBs6d
- ○ Hysterectomy (uterus or womb removed) Y27_TiBs6e
- ○ Both ovaries removed Y27_TiBs6f
- ○ Radiation or chemotherapy Y27_TiBs6g
- ○ Pregnant/breast feeding Y27_TiBs6h
- ○ Serious illness (eg. Anorexia) Y27_TiBs6i
- ○ Strenuous exercise Y27_TiBs6j
- ○ Don't Know Y27_TiBs6k
- ○ Other, specify reason_____ Y27_TiBs6l Y27_TiBs6la _____

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7. Medical and Surgical History

	No	Yes	Age
1. Have you ever had breast reduction surgery?	Y27_TiBs7_1		Y27_TiBs7_1a
2. Have you ever had breast enlargement surgery?	Y27_TiBs7_2		Y27_TiBs7_2a
3. Has a doctor ever told you that you had benign breast disease, such as a non-cancerous cyst or a breast lump that was NOT removed?	Y27_TiBs7_3		Y27_TiBs7_3a
4. Have you ever had a benign breast lump (s) REMOVED such as a non-cancerous cyst?	Y27_TiBs7_4		Y27_TiBs7_4a
Y27_TiBs7_4b If yes, which breast(s) ☐Left ☐Right ☐Don't know	☐	☐	
5. Have you ever had a breast lump(s) that was diagnosed as an in-situ cancer such as DCIS or ductal carcinoma in situ?	Y27_TiBs7_5		Y27_TiBs7_5a
Y27_TiBs7_5b If yes, which breast(s) ☐Left ☐Right ☐Don't know	☐	☐	
6. Have you ever been diagnosed with malignant breast cancer?	Y27_TiBs7_6		Y27_TiBs7_6a
Y27_TiBs7_6b If yes, which breast(s) ☐Left ☐Right ☐Don't know	☐	☐	

8. Family History

Have any of your relatives ever had breast or ovarian cancer?

○ No Y27_TiBs8

○ Yes, *please indicate below*

Relationship	Breast cancer (tick all that apply)	Ovarian cancer (tick all that apply)	Approximate age at diagnosis
Mother	Y27_Mbc	Y27_Moc	Y27_Mage
Sister 1	Y27_S1bc	Y27_S1oc	Y27_S1age
Sister 2	Y27_S2bc	Y27_S2oc	Y27_S2age
Sister 3	Y27_S3bc	Y27_S3oc	Y27_S3age
Maternal Aunt 1	Y27_MA1bc	Y27_ MA1oc	Y27_ MA1age
Maternal Aunt 2	Y27_ MA2bc	Y27_ MA2oc	Y27_ MA2age
Paternal Aunt 1	Y27_PA1bc	Y27_PA1oc	Y27_PA1age
Paternal Aunt 2	Y27_PA2bc	Y27_PA2oc	Y27_PA2age
Maternal Grandmother	Y27_MGbc	Y27_MGoc	Y27_MGage
Paternal Grandmother	Y27_PGbc	Y27_PGoc	Y27_PGage

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TiBS ASSESSMENT

1. Areola Size (Diameter)

Y27_AreR

Right: _____ cm

Y27_AreL

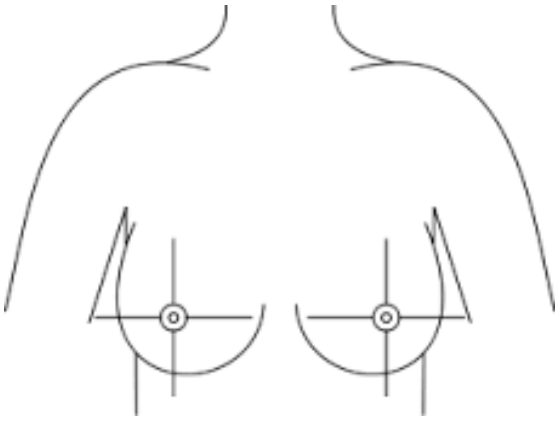
Left: _____cm

2. Scars ☐No ☐Yes Y27_Scars **Width/Length of scar (mm): Y27_ScarW & Y27_ScarL**

Tattoos ☐No ☐Yes Y27_Tatt **Width/Length of tattoo (mm): Y27_TattW & Y27_TattL**

Aproximate size: Width _____mm Length _____mm

Mark on diagram below with and "X" the side and location (quadrant):



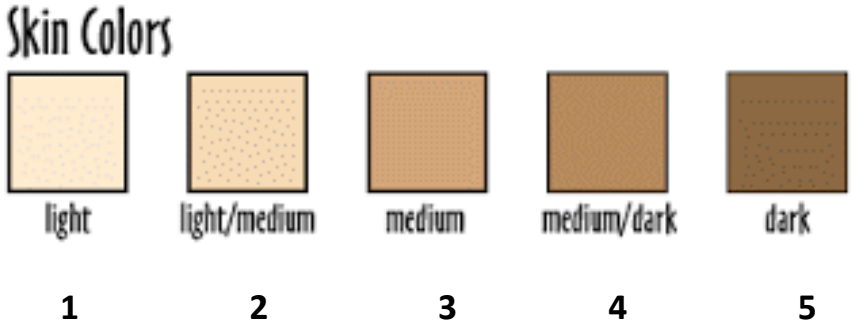
Y27_PierR

Y27_PierL

3. Piercings **Right** ☐No ☐Yes **Left** ☐No ☐Yes

4. Breast Skin Colour Y27_BrCol

Please circle closest skin colour:



TiBs Comments: TiBs_comments