CODING VERSION

The Raine Study Gen2_27 year follow up

TiBS Study

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

TiBs Q done: G227_Tibs_Q_DONE

Reproductive History

1. **How old were you when you had your first period?** G227_PUB_AGE .....

2. **Have you ever had a pregnancy?** G227_Tibs_SX62

0	☐ No, *Please go to Q4*
777	☐ Don't know, *Please go to Q4*
1	☐ Yes, *Please go to Q2a*

2a. If Yes, How many pregnancies have you had? G227_ Tibs_SX64 .....

2b. Are you currently pregnant? G227_ Tibs_SX63 No ☐ yes ☐ How many months? .....

2c. Are you currently breastfeeding? G227_PG_CBF No ☐ yes ☐

3. **Information on pregnancy, birth and baby**

Outcome G227_PG1_PO		**Date of birth or end of pregnancy**	**Gestation of pregnancy (weeks)**
○ Livebirth - single	1	G227_PG1_DAT	G227_PG1_GE_WK
○ Livebirth - twins	2		
○ Livebirth - triplets	3		
○ Stillbirth	4		
○ Miscarriage	5		
○ Ectopic	6		
○ Termination	7		
○ Don't know	777		
Sex of baby(ies) G227_PG1_SX ☐ Male ☐ Female		**Did you breast feed?** G227_PG1_BF ☐ No ☐ Yes	**For how long did you breast feed (number of weeks or months)** G227_PG1_BF_WK

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Second pregnancy

Outcome G227_PG2_PO		**Date of birth or end of pregnancy**	**Gestation of pregnancy (weeks)**
○ Livebirth - single	1	G227_PG2_DAT	G227_PG2_GE_WK
○ Livebirth - twins	2		
○ Livebirth - triplets	3		
○ Stillbirth	4		
○ Miscarriage	5		
○ Ectopic	6		
○ Termination	7		
○ Don't know	777		
Sex of baby(ies) G227_PG2_SX ☐ Male ☐ Female		**Did you breast feed?** G227_PG2_BF ☐ No ☐ Yes	**For how long did you breast feed (number of weeks or months)** G227_PG2_BF_WK

Third pregnancy

Outcome G227_PG3_PO		**Date of birth or end of pregnancy**	**Gestation of pregnancy (weeks)**
○ Livebirth - single	1	G227_PG3_DAT	G227_PG3_GE_WK
○ Livebirth - twins	2		
○ Livebirth - triplets	3		
○ Stillbirth	4		
○ Miscarriage	5		
○ Ectopic	6		
○ Termination	7		
○ Don't know	777		
Sex of baby(ies) G227_PG3_SX ☐ Male ☐ Female		**Did you breast feed?** G227_PG3_BF ☐ No ☐ Yes	**For how long did you breast feed (number of weeks or months)** G227_PG3_BF_WK

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Forth pregnancy

Outcome G227_PG4_PO		**Date of birth or end of pregnancy**	**Gestation of pregnancy (weeks)**
○ Livebirth - single	1	G227_PG4_DAT	G227_PG4_GE_WK
○ Livebirth - twins	2		
○ Livebirth - triplets	3		
○ Stillbirth	4		
○ Miscarriage	5		
○ Ectopic	6		
○ Termination	7		
○ Don't know	777		
Sex of baby(ies) G227_PG4_SX ☐ Male ☐ Female		**Did you breast feed?** G227_PG4_BF ☐ No ☐ Yes	**For how long did you breast feed (number of weeks or months)** G227_PG4_BF_WK

4. Contraceptive Use and Menstruation

Do you currently use contraception? G227_TiBs_SX115

○ No *(Please go to Q5)*

○ Yes

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

○ Male condoms	G227_Tibs_PTNR4A
○ Female condoms	G227_Tibs_PTNR4B
○ Diaphragm	G227_Tibs_PTNR4C
○ Oral contraceptive pill (please give the name: ----------)	G227_Tibs_PTNR4D G227_Tibs_PTNR4D_NOTE
○ Coil	G227_Tibs_PTNR4E
○ Injection (Depo Provera)	G227_Tibs_PTNR4F
○ Implant (e.g. Implanonon)	G227_Tibs_PTNR4G
○ Inter uterine device (IUD, Ring)	G227_Tibs_PTNR4H
○ Sterilisation (vasectomy, tubal ligation)	G227_Tibs_PTNR4I
○ Contraceptive vaginal ring	G227_Tibs_PTNR4J
○ Other	G227_Tibs_PTNR4K

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5. What was the date of your last menstrual period (first day) ___ /___ /_____ G227_MEN2

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

○ Periods have not stopped	G227_MENS1
○ Irregular periods (no contraception use)	G227_MENS2
○ Contraception use	G227_MENS3
○ Natural menopause (that is, periods stopped by themselves)	G227_MENS4
○ Hysterectomy (uterus or womb removed)	G227_MENS5
○ Both ovaries removed	G227_MENS6
○ Radiation or chemotherapy	G227_MENS7
○ Pregnant/breastfeeding	G227_MENS8
○ Serious illness (eg. Anorexia)	G227_MENS9
○ Strenuous exercise	G227_MENS10
○ Don't know	G227_MENS11
○ Other	G227_MENS12
○ Other, specify reason_____	G227_MENS12_OTH

7. Medical and Surgical History

	No	Yes	Age
1. Have you ever had breast reduction surgery?	G227_BR1		G227_BR1_AGE
2. Have you ever had breast enlargement surgery?	G227_BR2		G227_BR2_AGE
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?	G227_BR3		G227_BR3_AGE
4. Have you ever had a benign breast lump (s) REMOVED such as a non-cancerous cyst?	G227_BR4		G227_BR4_AGE
If yes, which breast(s) ☐Left ☐Right ☐Don't know	G227_BR4_SD		
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?	G227_BR5		G227_BR5_AGE
If yes, which breast(s) ☐Left ☐Right ☐Don't know	G227_BR5_SD		
6. Have you ever been diagnosed with malignant breast cancer?	G227_BR6		G227_BR6_AGE
If yes, which breast(s) ☐Left ☐Right ☐Don't know	G227_BR6_SD		

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8. Family History

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

○ No G227_BR_REL

○ Yes, *please indicate below*

Relationship	Breast cancer (tick all that apply)	Ovarian cancer (tick all that apply)	Approximate age at diagnosis
Mother	G227_Mo_BRC	G227_Mo_OC	G227_Mo_AGE
Sister 1	G227_Sis1_BRC	G227_Sis1_OC	G227_Sis1_AGE
Sister 2	G227_Sis2_BRC	G227_Sis2_OC	G227_Sis2_AGE
Sister 3	G227_Sis3_BRC	G227_Sis3_OC	G227_Sis3_AGE
Maternal Aunt 1	G227_MA1_BRC	G227_MA1_OC	G227_MA1_AGE
Maternal Aunt 2	G227_MA2_BRC	G227_MA2_OC	G227_MA2_AGE
Paternal Aunt 1	G227_PA1_BRC	G227_PA1_OC	G227_PA1_AGE
Paternal Aunt 2	G227_PA2_BRC	G227_PA2_OC	G227_PA2_AGE
Maternal Grandmother	G227_MG_BRC	G227_MG_OC	G227_MG_AGE
Paternal Grandmother	G227_PG_BRC	G227_PG_OC	G227_PG_AGE

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TiBS ASSESSMENT

1. Areola Size (Diameter)

G227_AreR

Right: _____ cm

Y27_AreL

Left: _____cm

2. Scars ☐ No ☐ Yes

G227_Scar

Width/Length of scar (mm):

G227_ScarW & G227_ScarL

Tattoos ☐ No ☐ Yes

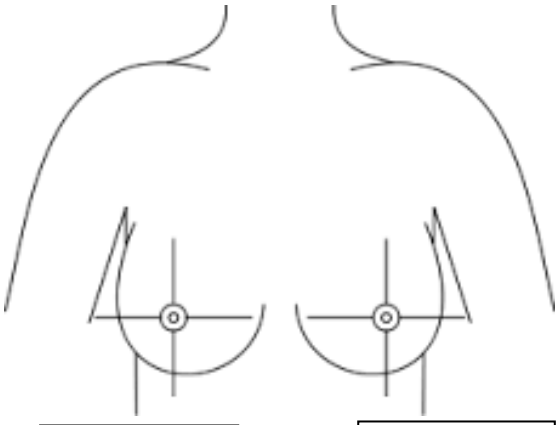
G227_Tatt

Width/Length of tattoo (mm):

G227_TattW & G227_TattL

Aproximate size: Width _____mm Length _____mm

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



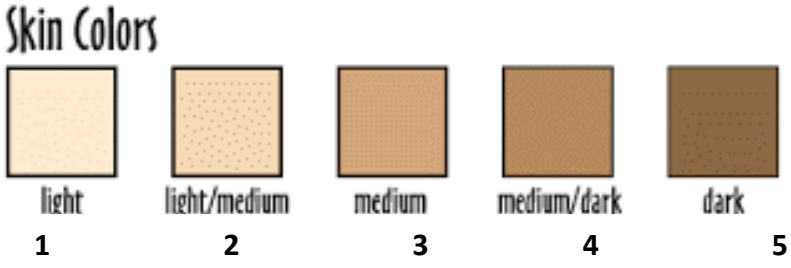
G227_PierR

G227_PierL

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

4. Breast Skin Colour G227_BR_Col

Please circle closest skin colour:



TiBs Comments: G227_TiBs_COM