



BREAST MILK STUDY QUESTIONNAIRE

A. Reproductive Health

A1. At what age did you have your first menstrual period?

9 or younger 10 11 12 13 14 15 16
17 or older Don't know

A2. Have you menstruated since giving birth?

Yes No Don't know

A3. How many times have you been pregnant?

0 1 2 3 4 5 6 7 or more Don't know

A4. How many live births have you had?

0 1 2 3 4 5 6 7 or more Don't know

A5. Your age when you first gave birth _____

A5a. Your age when you last gave birth _____

A6. How many children have you breastfed?

1 2 3 4 5 6 7 or more Don't know

A7. How many months did you breastfeed each child?

First Child _____ months

Second Child _____ months

Third Child _____ months

Fourth Child _____ months

Fifth Child _____ months

Sixth Child _____ months

Seventh Child _____ months

A8. How old is the baby you are breastfeeding? _____ weeks/months



- A8a. Are you currently breastfeeding more than one child? Yes No
- If so, please note the ages of each child: _____ weeks/months _____
weeks/months _____ weeks/months
- A9. Have you ever used birth control pills or contraceptive patch? Yes No
- A10. Have you ever used an IUD that contains hormones? Yes No
- A11. Have you ever used Depo Provera as a means of contraception? Yes No
- A12: If the answers to A9, A10 or A11 is Yes - for how long? _____ months/years
_____ Don't know

B. General Health

- B1. Has a physician ever told you that you had any of these illnesses?
- | | | | |
|-------------------------------|-----|----|---------------|
| Cancer of the colon or rectum | Yes | No | |
| Cancer of the lung | Yes | No | |
| Melanoma | Yes | No | |
| Hodgkin's Disease | Yes | No | |
| Lymphoma | Yes | No | |
| Other Cancer | Yes | No | Specify _____ |
- B2. Have you ever had radiation treatments for cancer or other illnesses?
Yes No
- B3. Have you ever had any breast biopsies or breast surgeries?
Yes No
- B4. Are you currently taking any prescription medication?
Yes No
- B5. Thinking back over the past week, have you taken any over-the-counter pain relievers?
Yes No Don't know



B6. Thinking back over the past month, have you taken any over-the-counter vitamins, supplements, or herbs?

Yes No Don't know

B7. Have you have had a cold or flu in the last several weeks?

Yes No If yes, when? _____

C. About You

C1. Do you currently smoke cigarettes?

Yes No

C2. Thinking back over your entire lifetime, have you smoked a total of 100 cigarettes or more?

Yes No Don't know

C2a. If yes, have you ever smoked at least one cigarette per day for six months or longer?

Yes No Don't know

C3. How old were you when you last smoked at least one cigarette per day? _____

C4. Compared to when you were younger, do you smoke more or less now?

More Less Don't know

C5. Does anyone else in your household smoke?

Yes No

C6. What is your age? _____

C7. What is your current occupation? _____

C8. How would you best describe your ethnic background? _____

C9. Do you consider yourself to be of Latina origin?

Yes No

C10. Which of the following best describes your racial background?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black, African-American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: specify _____ |



C11. In what city and state do you currently live? _____

C12. How long have you lived at this location? _____

C13. If you have lived at your present location for less than 5 years, where else have you lived in the last 5 years?

C14. What brand of breast pump was used to express the milk? _____

C15. Please record your weight and height: Wt _____ Ht _____

C16. What was your bra cup size prior to your most recent pregnancy? A B
 C D larger than D

C17. How often, on average, do you eat the following foods?

	Everyday	Once or Twice per			Never
		Week	Month	Year	
Fish					
Seafood other than fish					
Milk / milk products					
Non-poultry meat (beef, pork, lamb)					
Poultry (chicken, turkey, duck)					
Eggs					
Barbecue					

C18. If you eat non-poultry meat what is your cooking preference?

Rare	Medium/Rare	Medium	Medium/well done	Well done	Very well done/ burnt



C19. How often do you purchase foods labeled "organic"?

Never	Rarely	Half of the time	Most of the time

C20. How often do you wash your fruits/vegetables before eating or cooking them?

Never	Sometimes	Frequently	Always

C 21. Check the Activity that best matches your lifestyle

At Home

- Usually sitting, reading or working at a computer
- You keep your self busy and move a lot
- You do heavy housework or gardening

At Work

- You work in an office
- You walk a lot at work
- You hold a labor intensive job such as bicycle messenger or construction work

Recreation

- You don't exercise regularly (less than 2 hours/week)
- You regularly participate in light exercise (e.g. walking, golf, ballroom dancing, table tennis). Number of hours/week _____
- You regularly participate in moderate exercise (e.g. tennis, skating aerobics, bicycling). Number of hours/week _____
- You regularly participate in strenuous exercise (e.g. running/jogging, hiking, squash, power walking), Number of Hours/week _____



D. About Your Family

D1. Have you or any of your blood relatives ever had breast cancer? (check any box that applies)

	Yes	No	Don't Know	If yes at what age
Self				
Mother				
Father				
Sister				
Daughter				
Maternal Grandmother				
Paternal Grandmother				
Maternal Aunt				
Paternal Aunt				
Other				

D2. Have you or any of your blood relatives ever had ovarian cancer? (check any box that applies)

	Yes	No	Don't Know	If yes at what age
Self				
Mother				
Sister				
Daughter				
Maternal Grandmother				
Paternal Grandmother				
Maternal Aunt				
Paternal Aunt				
Other				



D3. How did you hear about this study?

Flyer _____

Internet _____

Email from Love/Avon Army of Women _____

OB/GYN or midwife _____

Lactation consultant _____

Personal contact _____

Other _____

D4 . Time and date milk expressed: _____

D4a. How long has it been since the last time you pumped or nursed? _____

Thank you very much for your participation in this study.