

Standard Tablet Questionnaire (Italian)

This document lists out the questions in the hughes riskApps™ tablet system, in Italian, including the answers to each question. The order listed below is the potential order of questions and screens if a patient were to be presented with every possible screen/question.

Note: This is the **Standard** tablet questionnaire typically used for screening purposes. The **Risk Clinic** questionnaire is used once a patient is flagged as potentially high risk. The **Risk Clinic** tablet is used to collect more detailed information about disease in a family. Additionally, all screens that request an answer also have a **Clear** button that is not listed in the potential answers below.

1. Login Screen

Not seen by a patient – for use by a medical staff person only.

Per favore inizia la ricerca della lista degli appuntamenti odierni.

2. Appointment Listing Screen

Not seen by a patient – for use by a medical staff person only.

Used to select the patient that will answer the tablet

Seleziona il giusto paziente dalla lista degli appuntamenti qui sotto, clicca "successivo >" e quindi dai il questionario al paziente.

3. Confirmation Screen

Patient is asked to confirm that the patient selected in #2 above is them. Patient Name, Medical Record Number and Date of Birth are the 3 patient identifiers presented to the patient.

Patient may click **Not me** and tablet returns to login screen. Patient may click **Next >** to confirm their identity and start the tablet.

Se la persona qui indicata non sei tu, per favore clicca "Non io" e restituisci il questionario alla reception. Se sei tu, clicca "successivo" per iniziare il questionario.

4. Prior Data Screen

Let's the patient know prior data is on file in the system and it will be displayed. Patient is asked to correct, add or remove data which save them time.

Dati preliminari

QUESTIONS START HERE

5. Hai adesso, o hai mai avuto in passato, una delle seguenti condizioni o sintomi? (Male and Female) (split into 6 screens, questions)

(Per favore, segna ogni condizione/sintomo che hai o hai avuto; per de-selezionare segna di nuovo la condizione/sintomo)

(Do you have now, or have you had in the past, any of the following conditions or symptoms?)

Alterazioni della coagulazione
Anemia
Angina pectoris
Artrite
Asma
Battiti cardiaci irregolari (aritmia)
Diabete
Difficoltà alla deglutizione
Disturbi della vista
Disturbi renali
Dolore alla schiena
Dolore toracico
Epatite
Epilessia/Convulsioni
Gonfiore alle caviglie
Insolita affaticabilità
Ipertensione Arteriosa

Ittero
Linfonodi ingrossati
Mal di testa
Nausea/Vomito
Recento aumento/perdita di peso
Respiro corto
Sangue nelle feci
Soffi cardiaci
Sudorazioni profuse

6. Quante gravidanze hai avuto?
(How many times have you been pregnant?)
Number pad that allows entry of a number

7. Quanti figli hai avuto?
(How many children have you had?)
Number pad that allows entry of a number

8. Quanti anni avevi quando hai avuto il primo figlio?
(How old were you when you had your first child?)
Number pad that allows entry of a number
Only displayed if #8 > 0

9. Sei incinta?
(Are you currently pregnant?)
Sí/No (Yes/No)

10. Stai allattando?
(Are you currently nursing?)
Sí/No (Yes/No)

11. A quanti anni hai avuto la prima mestruazione?
(About what age were you when you first had your first period?)
Number pad that allows entry of a number

12. Hai ancora le mestruazioni?
(Are you still having your periods?)
*Questo significa: hai ancora le mestruazioni regolari, con sanguinamenti ogni mese?
(This means: are you still menstruating or are you still having bleeding every month or so?)
Sí/No (Yes/No)

13. A quanti anni le mestruazioni sono cessate definitivamente?
(At what approximate age did you stop having your period?)
Number pad that allows entry of a number
Only displayed if #13 = No (No)

14. Sei stata sottoposta a un intervento di isterectomia (asportazione dell'utero)?
(Have you had a hysterectomy?)
Sí/No (Yes/No)

15. Quanti anni avevi approssimativamente quando ti è stato asportato l'utero?
(Approximately how old were you when you had the hysterectomy?)
Number pad that allows entry of a number
Only displayed if #15 = Sí (Yes)

16. Ti sono state rimosse entrambe le ovaie?
(Were both of your ovaries removed?)
Sí/No (Yes/No)
Only displayed if #15 = Sí (Yes)

17. Quanto sei alta?
(What is your approximate height?)
Two number pads for entry of numbers: one for feet and one for inches

18. Quanto pesi in Kg?
(What is your approximate weight in pounds?)
Number pad for entry of a number

19. Hai mai fatto una mammografia?
(Have you had a previous mammogram?)

Sí/No (Yes/No)

20. Hai mai fatto una mammografia presso questo Ospedale?
(Were any done at this hospital?)
Sí/No (Yes/No)
Only displayed if #19 = Sí (Yes)
21. Quanti anni avevi quando hai fatto la mammografia? (specificare l'età per ciascun esame)
(What years did you have a mammogram? (specify all that apply))
A list of the last ten years, any may be selected
Only displayed if #19 = Sí (Yes)
22. Se ne hai mai fatte, quante biopsie mammarie hai fatto?
(How many breast biopsies have you had (if any)?)
Sí/No/No estoy segura (Yes/No/Not Sure)
23. ¿Alguna vez le han colocado implantes en los senos?
(Have you ever had breast implants?)
Sí /No (Yes/No)
24. In quale lato hai o hai avuto le protesi mammarie?
(Which side(s) had implants?)
Derecho (Right)
Izquierdo (Left)
Ambos (Both)
Only display if #23 = Sí (Yes)
25. How many alcoholic beverages do you consume weekly?
(How many alcoholic beverages do you consume weekly?)
Ninguno (None)
Menos de un trago por semana (Less than 1 drink a week)
de 1 a 4 tragos por semana (1 - 4 drinks per week)
de 5 a 9 tragos por semana (5 - 9 drinks per week)
de 10 a 19 tragos por semana (10 - 19 drinks per week)
Más de 19 tragos por semana (More than 19 drinks a week)
26. Hai mai fumato?
(Have you ever smoked?)
Sí, pero sólo en tiempo pasado (Yes, but only in the past)
Sí, actualmente (Yes, currently)

No, nunca (No, Never)

27. Usi o hai mai usato la pillola contraccettiva?

Do you use, or have you ever used, birth control pills?)

No, nunca (No, Never)

Sí, actualmente (Yes, currently)

Sí, en tiempo pasado (Yes, in the past)

No estoy segura (Not sure)

28. A quanti anni hai iniziato approssimativamente ad assumere la pillola contraccettiva?

(At approximately what age did you start taking birth control pills?)

Number pad for entry of a number

Only display if #27 is not = Sí, actualmente (Yes, currently) or Sí, en tiempo pasado (Yes, in the past)

29. Per quanti anni hai assunto la pillola contraccettiva?

(Overall, how many years did you take birth control pills?)

Number pad for entry of a number

Only display if #27 is not = Sí, actualmente (Yes, currently) or Sí, en tiempo pasado (Yes, in the past)

30. Hai assunto la pillola contraccettiva in modo continuativo in questo tempo?

(Did you use birth control pills continuously during this time?)

Sí/No (Yes/No)

Only display if #27 is not = Sí, actualmente (Yes, currently) or Sí, en tiempo pasado (Yes, in the past)

31. Hai mai usato terapia estrogenica od ormonale sostitutiva (durante la menopausa)?

(Have you ever used estrogen or hormone replacement therapy?)

No, nunca (No, never)

Sí, actualmente (Yes, currently)

Sí, en tiempo pasado (Yes, in the past)

No estoy segura (Not sure)

32. A quanti anni hai iniziato approssimativamente ad assumere la terapia estrogenica od ormonale sostitutiva?

(At approximately what age did you start hormone replacement therapy?)

Number pad for entry of a number

Only display if #31 is not = Sí, actualmente (Yes, currently) or Sí, en tiempo pasado (Yes, in the past)

past)

33. Per quanti anni hai assunto la terapia estrogenica od ormonale sostitutiva?
(Overall, how many years did you take hormone replacement therapy?)
Number pad for entry of a number
Only display if #31 is not = Sí, actualmente (Yes, currently) or Sí, en tiempo pasado (Yes, in the
34. Hai assunto terapia estrogenica od ormonale sostitutiva in modo continuativo in questo tempo?
(Did you use the hormone replacement therapy continuously during this time?)
Sí/No (Yes/No)
Only display if #31 is not = Sí, actualmente (Yes, currently) or Sí, en tiempo pasado (Yes, in the
35. ¿Hai mai assunto terapia per aumentare la fertilità?
(Have you ever taken drugs to increase fertility?)
Sí/No/ Tomando (Yes/No/Taking)
36. Hai mai assunto Tamoxifene?
(Have you ever taken Tamoxifen?)
No, nunca (No, never)
Sí, actualmente (Yes, currently)
Sí, en tiempo pasado (Yes, in the past)
No estoy segura (Not sure)
37. Hai mai assunto Raloxifene (Evista)?
(Have you ever taken Raloxifene (Evista)?)
No, nunca (No, never)
Sí, actualmente (Yes, currently)
Sí, en tiempo pasado (Yes, in the past)
No estoy segura (Not sure)
38. Per favore seleziona l'opzione che meglio descrive la tua etnia.
(Please select what best describes your ethnicity.)
* Facciamo questa domanda perché ci aiuta a determinare il rischio di tumore ereditario.
(* We ask this question because it helps us determine the risk of hereditary cancer.)
Blanca o caucásica (Caucasian or White)
Caribeña / de las indias occidentales (Caribbean/West Indian)
Negra o africana-americana (African American or Black)
Indígena americana/esquimal (American Indian/Aleutian/Eskimo)
Asiática o de las islas del Pacífico (Asian or Pacific Islander)
Otra (Other)

Desconocida (Unknown)

39. Sei di origine Spagnola/Isipanica?

(Are you of Spanish/Hispanic origin?)

* Facciamo questa domanda perché ci aiuta a determinare il rischio di tumore ereditario.

(* We ask this question because it helps us determine the risk of hereditary cancer.)

No (No)

Sí (Yes)

Desconocida (Unknown)

Prefiero no responder (Prefer not to Answer)

40. Hai antenati Ebrei?

(Are any of your ancestors of Jewish)descent?

* Facciamo questa domanda perché ci aiuta a determinare il rischio di tumore ereditario.

(* We ask this question because it helps us determine the risk of hereditary cancer.)

No (No)

Sí (Yes)

No sé (Don't Know)

Prefiero no responder (Prefer not to Answer)

41. ¿Tiene cáncer o ha tenido cáncer alguna vez?

Hai mai avuto un tumore?

No (No)

Sí (Yes)

Desconocida (Unknown)

42. Which cancers do you have or have you had?

(Which cancers do you have or have you had?)

Only display if #41 = Sí (Yes)

Tumore al cervello (Brain Cancer)

Tumore alla MAMMELLA (de mama) (Breast Cancer)

Tumore al collo dell'utero (Cervical Cancer)

Tumore al colon-retto (Colon or Rectal Cancer)

Linfoma di Hodgkin (Hodgkins Lymphoma)

Tumore al rene o alla vescica (Kidney or Bladder Cancer)

Leucemia (Leukemia)

Tumore al fegato (Liver Cancer)

Tumore al polmone (Lung Cancer)

Linfoma non-Hodgkin (Lymphoma (Non-Hodgkins))

Melanoma (Melanoma)
Tumore alla prostata (Prostate Cancer – asked for males only)
Tumore all'ovaio (Ovarian Cancer – asked for females only)
Tumore al pancreas (Pancreatic Cancer)
Sarcoma (Sarcoma)
Tumore allo stomaco (Stomach Cancer)
Tumore alla tiroide (Thyroid Cancer)
Tumore all'utero (Uterine Cancer – asked for females only)

43. Hai avuto un tumore in entrambe le mammelle?

(Did you have Breast Cancer in both breasts?)

No (No)

Sí (Yes)

Desconocida (Unknown)

Only display if Tumore alla MAMMELLA (de mama) (Breast Cancer) is picked in #42

44. Quanti anni avuto quando gli è stato diagnosticato [diseaseName]?

(How old were you when diagnosed with [Cancer selected in #42]?)

Number pad for entry of a number

Display this screen for each cancer selected and show the cancer selected

NOTE: If #47 = Sí (Yes), display this screen twice, once for first breast and once for second breast identifying which breast we are asking about

45. Sei stata sottoposta a mastectomia?

(Have you had a mastectomy?)

No (No)

Sí (Yes)

Only display if Tumore alla MAMMELLA (de mama) (Breast Cancer) is picked in #42

46. Sei stata sottoposta a chirurgia mammaria ricostruttiva?

(Have you had breast reconstructive surgery?)

No (No)

Sí (Yes)

Only display if Tumore alla MAMMELLA (de mama) (Breast Cancer) is picked in #42

47. Sei stata sottoposta a radioterapia mammaria?

(Have you ever had any radiation therapy to your breasts?)

No (No)

Sí (Yes)

Only display if Tumore alla MAMMELLA (de mama) (Breast Cancer) is picked in #42

48. I tuoi parenti hanno mai avuto un tumore?
(Have any of your blood relatives had cancer?)

No (No)

Sí (Yes)

49. Quale di questi parenti ha o ha avuto un tumore?
(Which relatives have had or currently have cancer?)

Hermana (Sister)

Hermano (Brother)

Sobrina (Niece)

Sobrino (Nephew)

Hija (Daughter)

Hijo (Son)

Only display if #48 = Sí (Yes)

NOTE: Selecting each one pops up a question asking the number of that particular relative who has had cancer.

50. Quale di questi parenti dalla parte di tua madre ha o ha avuto un tumore?
(Which relatives on your MOTHER'S side have had or currently have cancer?)

Madre (Mother)

Abuela materna (Grandmother (Mother's mother))

Abuelo materna (Grandfather (Mother's father))

Tía (por parte de madre) (Aunt (Mother's sister))

Tío (por parte de madre) (Uncle (Mother's brother))

Prima (por parte de su madre) (Female Cousin (your Cousin through Mother))

Primo (por parte de su madre) (Male Cousin (your Cousin through Mother))

Only display if #48 = Sí (Yes)

NOTE: Selecting each one pops up a question asking the number of that particular relative who has had cancer.

51. Quale di questi parenti dalla parte di tuo padre ha o ha avuto un tumore?
(Which relatives on your FATHER'S side have had or currently have cancer?)

Padre (Father)

Abuela paterna (Grandmother (Father's mother))

Abuelo paterna (Grandfather (Father's father))

Tía (Aunt (Father's sister))

Tío (Uncle (Father's brother))

Primo (por parte de su padre) (Female Cousin (your Cousin through Father))

Primo (por parte de su padre) (Male Cousin (your Cousin through Father))

Only display if #48 = Sí (Yes)

NOTE: Selecting each one pops up a question asking the number of that particular relative who has had cancer.

52. Which cancers does [relativeName] have or has [pronoun] had?

(Which cancers did your [Relative Selected in Prior Screens] have or has [he/she] had?)

Cáncer del cerebro (Brain Cancer)

Cáncer del SENO (de mama) (Breast Cancer)

Cáncer del cervix (Cervical Cancer)

Cáncer del colon o del recto (Colon or Rectal Cancer)

Linfoma de Hodgkin (Hodgkins Lymphoma)

Cáncer del riñon o de la vejiga (Kidney or Bladder Cancer)

Leucemia (Leukemia)

Cáncer del hígado (Liver Cancer)

Cáncer del pulmón (Lung Cancer)

Linfoma (no Hodgkin) (Lymphoma (Non-Hodgkins))

Melanoma (Melanoma)

Cáncer de la prostate (Prostate Cancer – asked for males only)

Otra (Other)

Cáncer del ovario (Ovarian Cancer – asked for females only)

Cáncer del páncreas (Pancreatic Cancer)

Sarcoma (Sarcoma)

Cáncer del estómago (Stomach Cancer)

Cáncer de la tiroides (Thyroid Cancer)

Cáncer del útero (Uterine Cancer – asked for females only)

Display for any relative picked in #50, #51, #52

53. [relativeName] ha avuto un tumore in entrambe le mammelle?

(Did [Relative Selected] have Breast Cancer in both breasts?)

No (No)

Sí (Yes)

Desconocida (Unknown)

Display if Cáncer del SENO (de mama) (Breast Cancer) is picked in #56 for any relative picked in #50, #51, #52

54. Quanti anni aveva [relativeName] quando gli è stato diagnosticato [diseaseName]?
(How old was your [Relative selected] diagnosed with [Cancer selected in #52]?)
Number pad for entry of a number

Display this screen for each cancer selected and show the cancer selected
NOTE: If #57 = Yes, display this screen twice, once for first breast and once for second breast identifying which breast we are asking about

NOTE: Screens #54 will continue to display for each relative that was identified as having had cancer in screens #50, 51, and 52.

55. Adesso ti chiederemo il numero dei parenti che hai.
(We are now going to ask you about the number of relatives you have.)

56. Quante sorelle hai (hai avuto)?
(How many sisters do (did) YOU have?)
Number pad for entry of a number

57. Quanti fratelli hai (hai avuto)?
(How many brothers do (did) YOU have?)
Number pad for entry of a number

58. Quante sorelle ha (ha avuto) tua madre?
(How many sisters does (did) your MOTHER have?)
Questo significa: quante zie materne hai?
(*This means: how many aunts do you have on your mother's side?)
Number pad for entry of a number

59. Quanti fratelli ha (ha avuto) tua madre?
(How many brothers does (did) your MOTHER have?)
Questo significa: quanti zii maschi materni hai?
(*This means: how many uncles do you have on your mother's side?)
Number pad for entry of a number

60. Quante sorelle ha (ha avuto) tuo padre?
(How many sisters does (did) your FATHER have?)

Questo significa: quante zie paterne hai?

(*This means: how many aunts do you have on your father's side?)

Number pad for entry of a number

61. Quanti fratelli ha (ha avuto) tuo padre?

(How many brothers does (did) your FATHER have?)

Questo significa: quanti zii maschi paterni hai?

(*This means: how many uncles do you have on your father's side?)

Number pad for entry of a number

62. Quante figlie femmine hai (hai avuto)?

(How many daughters do (did) YOU have?)

Number pad for entry of a number

63. Quanti figli maschi hai (hai avuto)?

(How many sons do (did) YOU have?)

Number pad for entry of a number

64. Per favore fornisci il tuo indirizzo e-mail se vuoi essere contattato attraverso questa via

(Please provide your email address if you would like to be contacted via email.)

This screen displays a keyboard that the patient can use to provide an email address

65. Puoi ora restituire il questionario al medico o alla reception.

(You may now return the tablet to the medical assistant or the reception desk.)