

## Standard Tablet Questionnaire

This document lists out the questions in the hughes riskApps™ tablet system 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 the 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.
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
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.
4. Introduction Screen  
Brief language letting patient know this is a computer assisted self interview and that will save them time in the future as well as provide valuable data to their provider for evaluating patient risk of breast and ovarian cancer.
5. 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.

### QUESTIONS START HERE

6. Do you have now, or have you had in the past, any of the following conditions or symptoms?  
(Male and Female)

Anemia
Ankle Swelling
Arthritis

Asthma
Back Pain
Bleeding Disorders
Blood in Stools
Blurred Vision
Change in Bowel Habits
Chest Pain
Chronic Cough
Diabetes
Difficulty Swallowing
Enlarged Lymph Nodes

7. Do you have now, or have you had in the past, any of the following conditions or symptoms?  
(Male and Female)

Epilepsy/Seizures
Headaches
Heart Attack
Heart Murmurs
Hepatitis
High Blood Pressure
Irregular Heart Beat
Jaundice
Kidney Trouble
Nausea/Vomiting
Recent weight Gain/Loss
Shortness of Breath
Soaking Sweats
Unusual Fatigue

8. How many children have you had?  
Number pad that allows entry of a number
9. How old were you when you had your first child?  
Number pad that allows entry of a number  
Only displayed if #8 > 0

10. Are you currently pregnant?  
Yes/No
  
11. Are you currently nursing?  
Yes/No
  
12. About what age were you when you first had your first period?  
Number pad that allows entry of a number
  
13. Are you still having your periods?  
\* This means: are you still menstruating or are you still having bleeding every month or so?  
Yes/No
  
14. At what approximate age did you stop having your period?  
Number pad that allows entry of a number  
Only displayed if #13 = No
  
15. Have you had a hysterectomy?  
Yes/No
  
16. Approximately how old were you when you had the hysterectomy?  
Number pad that allows entry of a number  
Only displayed if #15 = Yes
  
17. Were both of your ovaries removed?  
Yes/No  
Only displayed if #15 = Yes
  
18. What is your approximate height?  
Two number pads for entry of numbers: one for feet and one for inches
  
19. What is your approximate weight?  
Number pad for entry of a number
  
20. What is your bra size in inches?  
Number pad for entry of a number
  
21. What is your bra cup size?  
Character pad for entry of characters. Values are: A, B, C, D, DD

22. Have you had a previous mammogram?

Yes/No

23. Were any done at this hospital?

Yes/No

Only displayed if #22 = Yes

24. When was your last mammogram?

A list of the last ten years, any may be selected

Only displayed if #22 = Yes

25. Have you ever had a breast biopsy?

Yes/No/Not Sure

26. Did any of your biopsies show Atypical Lobular Hyperplasia (ALH), Atypical Ductal Hyperplasia (ADH) or Atypical Hyperplasia (AH)?

\*Atypical Hyperplasia

Yes/No

Only display if #25 = Yes

27. Did any of your biopsies show Lobular Carcinoma in situ (LCIS)?

\* LCIS

Yes/No

Only display if #25 = Yes

28. Did you undergo radiation to the chest as a result of Hodgkins Lymphoma?

\*Hodgkins Lymphoma (with mantle radiation)

Yes/No

Only display if #25 = Yes

29. Have you ever had breast implants?

Yes/No

30. Which side(s) had implants?

Left

Right

Both

31. How many alcoholic beverages do you consume weekly?

None

- Less than 1 drink per week
- 1 – 4 drinks per week
- 5 – 9 drinks per week
- 10 – 19 drinks per week
- More than 19 drinks per week

32. Have you ever smoked?

- Yes, but only in the past
- Yes, currently
- No, Never

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

- No, never
- Yes, currently
- Yes, in the past
- Not sure

34. At approximately what age did you start taking birth control pills?

- Number pad for entry of a number
- Only display if #32 is not = No, never

35. Overall, how many years did you take birth control pills?

- Number pad for entry of a number
- Only display if #32 is not = No, never

36. Did you use birth control pills continuously during this time?

- Yes/No
- Only display if #32 is not = No, never

37. Have you ever used estrogen or hormone replacement therapy?

- No, never
- Yes, currently
- Yes, in the past
- Not sure

38. At approximately what age did you start hormone replacement therapy?

- Number pad for entry of a number
- Only display if #36 is not = No, never

39. Overall, how many years did you take hormone replacement therapy?  
Number pad for entry of a number  
Only display if #36 is not = No, never
40. Did you use the hormone replacement therapy continuously during this time?  
Yes/No  
Only display if #36 is not = No, never
41. Have you ever taken drugs to increase fertility?  
Yes/No/Taking
42. Have you ever taken Tamoxifen?  
No, never  
Yes, currently  
Yes, in the past  
Not sure
43. Have you ever taken Raloxifene (Evista)?  
No, never  
Yes, currently  
Yes, in the past  
Not sure
44. Please select what best describes your ethnicity.  
\* We ask this question because it helps us determine the risk of hereditary cancer.  
Caucasian or White  
Caribbean/West Indian  
African American or Black  
Indian/Aleutian/Eskimo  
Asian or Pacific Islander  
Other  
Unknown
45. Are you of Spanish/Hispanic origin?  
\* We ask this question because it helps us determine the risk of hereditary cancer.  
No  
Yes  
Unknown  
Prefer not to Answer

46. Are any of your ancestors of Jewish descent?

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

No

Yes

Don't Know

Prefer Not to Answer

47. Do you have or have you ever had cancer?

No

Yes

Unknown

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

Only display if #47 = Yes

Brain Cancer

Breast Cancer

Cervical Cancer

Colon or Rectal Cancer

Hodgkins Lymphoma

Kidney or Bladder Cancer

Leukemia

Liver Cancer

Lung Cancer

Lymphoma (Non-Hodgkins)

Melanoma

Other

Ovarian Cancer

Pancreatic Cancer

Sarcoma

Stomach Cancer

Thyroid Cancer

Uterine Cancer

49. Did you have Breast Cancer in both breasts?

No

Yes

Unknown

Only display if Breast Cancer is picked in #48

50. How old were you when diagnosed with [Cancer selected in #48]?

Number pad for entry of a number

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

NOTE: If #49 = Yes, display this screen twice, once for first breast and once for second breast identifying which breast we are asking about

51. Have you had a mastectomy?

No

Yes

Only display if Breast Cancer is picked in #48

52. Have you had breast reconstructive surgery?

No

Yes

Only display if Breast Cancer is picked in #48

53. Have you ever had any radiation therapy to your breasts?

No

Yes

Only display if Breast Cancer is picked in #48

54. Have any of your blood relatives had cancer?

No

Yes

55. Which relatives have had or currently have cancer?

Sister

Brother

Niece

Nephew

Daughter

Son

Only display if #54 = Yes

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

56. Which relatives on your MOTHER'S side have had or currently have cancer?

- Mother
- Grandmother (Mother's mother)
- Grandfather (Mother's father)
- Aunt (Mother's sister)
- Uncle (Mother's brother)
- Female Cousin (your Cousin through Mother)
- Male Cousin (your Cousin through Mother)

Only display if #54 = Yes

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

57. Which relatives on your FATHER'S side have had or currently have cancer?

- Father
- Grandmother (Father's mother)
- Grandfather (Father's father)
- Aunt (Father's sister)
- Uncle (Father's brother)
- Female Cousin (your Cousin through Father)
- Male Cousin (your Cousin through Father)

Only display if #54 = Yes

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

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

- Brain Cancer
- Breast Cancer
- Cervical Cancer
- Colon or Rectal Cancer
- Hodgkins Lymphoma
- Kidney or Bladder Cancer
- Leukemia
- Liver Cancer
- Lung Cancer
- Lymphoma (Non-Hodgkins)
- Melanoma
- Other

Ovarian Cancer  
Pancreatic Cancer  
Sarcoma  
Stomach Cancer  
Thyroid Cancer  
Uterine Cancer

Display for any relative picked in #55, #56, #57

59. Did [Relative Selected] have Breast Cancer in both breasts?

No  
Yes  
Unknown

Display if Breast Cancer is picked in #58 for any relative picked in #55, #56, #57

60. How old was your [Relative selected] diagnosed with [Cancer selected in #48]?

Number pad for entry of a number

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

NOTE: If #59 = Yes, display this screen twice, once for first breast and once for second breast identifying which breast we are asking about

NOTE: Screens #58 - #60 will continue to display for each relative that was identified as having had cancer in screens #55 - #57.

61. We are now going to ask you about the number of relatives you have.

62. How many sisters do (did) YOU have?

Number pad for entry of a number

63. How many brothers do (did) YOU have?

Number pad for entry of a number

64. How many sisters does (did) your MOTHER have?

\*This means: how many aunts do you have on your mother's side?

Number pad for entry of a number

65. How many brothers does (did) your MOTHER have?

\*This means: how many uncles do you have on your mother's side?

Number pad for entry of a number

66. How many sisters does (did) your FATHER have?

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

Number pad for entry of a number

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

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

Number pad for entry of a number

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

Number pad for entry of a number

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

Number pad for entry of a number

70. 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

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