



pathways

a study of
breast cancer
survivorship

Background and Contact Information Self-Administered Baseline Questionnaire

If you have any questions about this form please
call the Pathways Study Coordinating Center.
Toll-free number: 1-866-206-2979

INTERVIEWER ID:

DATE: / /
MONTH DAY YEAR

SELF-ADMINISTERED:

1 ☐ YES

0 ☐ NO

COMMENTS: _____

January 2007 Version

ENROLLMENT ID LABEL

STUDY ID BARCODE LABEL

FOR OFFICE USE:

CODER ID:

CODING DATE: _____

REVIEWER ID:

REVIEW DATE: _____

COMMENTS: _____

DATA ENTRY DATE: _____

COMMENTS: _____

SECTION N. BACKGROUND INFORMATION AND CONTACTS

The next few questions about your background are important to help describe, in general terms, the women who are a part of this study.

N1. What is your current employment status? Mark those that best describe you. (Check all that apply)

- ☐ Employed full-time
☐ Employed part-time
☐ Unemployed
☐ Retired
☐ On disability
☐ Student
☐ Homemaker

☐ Other (Please Specify): _____

☐ Don't know

☐ Refused

N2. How long has it been since you've been employed?

a. YEARS AND/OR b. MONTHS

88 ☐ DON'T KNOW

00 ☐ LESS THAN ONE MONTH

99 ☐ REFUSED

88 ☐ DON'T KNOW

99 ☐ REFUSED

CODE

N3. What type of health insurance did you have in the year before your diagnosis? (Check all that apply)

- ☐ Medicaid/Medi-Cal
☐ Medicare
☐ Medicare and Medicaid/Medi-Cal
☐ Employer-provided insurance
☐ Pay for insurance out-of-pocket
☐ Other (Please Specify): _____

☐ Don't know

☐ Refused

CODE

N4. What was the total family income (before taxes) from all sources within your household in the last year? (Mark the one that is the best guess. This information is important for describing the women in the study as a group and is kept strictly confidential.)

- ☐ 01 LESS THAN \$15,000
☐ 02 \$15,000 TO \$19,999
☐ 03 \$20,000 TO \$24,999
☐ 04 \$25,000 TO \$34,999
☐ 05 \$35,000 TO \$49,999
☐ 06 \$50,000 TO \$69,999
☐ 07 \$70,000 TO \$89,999
☐ 08 \$90,000 OR MORE
☐ 88 Don't know
☐ 99 Refused

N5. How many people, including yourself, were supported by this income during the last year?

NUMBER OF PEOPLE

88 ☐ Don't know

99 ☐ Refused

N6. What was the usual occupation that you had in the last year? If you are not working now, how would you describe your past job title, that is, the job you held the longest? (INCLUDE HOMEMAHER, CARE OF OTHERS)

(Please Specify): _____ NAME OF JOB

8 ☐ Don't know

CODE

9 ☐ Refused

N7. Which of the statements below best describe your usual occupation that you had in the last year? If you are not working now, which statement best describes your past job, that is, the job you held the longest? (IF MORE THAN ONE APPLIES, CHECK BOTH)

1 ☐ Managerial, Professional Specialty (executive, managerial, administrative, professional occupations)

EXAMPLE JOB TITLES:	Accountant	Architect	Computer/Systems Analyst
	Doctor	Guidance Counselor	Lawyer
	Personnel Manager	Sales Manager	Registered Nurse
	Teacher		

1 ☐ Technical, Sales, and Administrative Support (technical and related support occupations, sales, administrative support, clerical work)

EXAMPLE JOB TITLES:	Cashier	Computer Programmer/Operator	
	Dental Assistant	Laboratory Technician	Sales Clerk
	Secretary	Vocational/Practical Nurse	Word Processor

1 ☐ Service (protective service (police, fire), health or food services, craft and repair occupations, farming, forestry or fishing occupations)

EXAMPLE JOB TITLES:	Child Care Attendant	Cook	Food Service Clerk
	Maid	Nursing Assistant	Policewoman
	Seamstress	Teaching Assistant	Waitress

1 ☐ Operators, Fabricators, and Laborers (factory, transport, and construction work)

EXAMPLE JOB TITLES:	Construction worker	Factory, assembly	Truck driver
---------------------	---------------------	-------------------	--------------

1 ☐ Homemaker, Raising Children, Care of Others

1 ☐ Other (Please Specify): _____

8 ☐ Don't know

CODE

9 ☐ Refused

The next questions ask about the Internet and your email address. We are asking about these because we may use the Internet to provide information about the study and would like to know how many people we can reach in this way. We will not share your email address with anyone outside of the study.

N8. Do you have access to the Internet?

1 ☐ YES

2 ☐ NO

N9. Do you have an email address?

1 ☐ YES

2 ☐ NO

What is the address? _____

0 ☐ Decline

The next question asks for your Social Security Number. You are not required to give us your number. If you give us your Social Security Number, we will use it to help us keep in contact with you throughout the study. This information is being requested under Section 301 of the Public Health Services Act, 42 U.S.C 241.

N10. What is your Social Security Number?

- -

8 ☐ Refused

9 ☐ Don't know

N11. Is there anything else that you would like to add that you think might be important with regards to your breast cancer that we have not asked you?

Please comment: _____

PLEASE GO TO NEXT PAGE

- N12. Please provide the names of two relatives or friends, **not living in your household**, who are likely to know how to contact you if we cannot contact you directly.

CONTACT ONE

a.	FIRST NAME:													
b.	LAST NAME:													
c.	STREET ADDRESS:													
d.	CITY:													
e.-f.	STATE, ZIP CODE:			,										
g1.	PRIMARY PHONE #:				-									
g2.	OTHER PHONE #:				-									
					-									
h.	RELATIONSHIP:													

N13. CONTACT TWO

a.	FIRST NAME:													
b.	LAST NAME:													
c.	STREET ADDRESS:													
d.	CITY:													
e.-f.	STATE, ZIP CODE:			,										
g1.	PRIMARY PHONE #:				-									
g2.	OTHER PHONE #:				-									
					-									
h.	RELATIONSHIP:													