



The first set of questions asks about medications known as **SERMS (selective estrogen receptor modulators)**. These medications include tamoxifen (Nolvadex[®]), raloxifene (Evista[®]), and toremifene (Fareston[®]).

Since your breast cancer diagnosis:

1. Have you ever taken **tamoxifen (Nolvadex[®])**?

- ☐₀ No
☐₁ Yes →
☐₉ Don't know

1.1 How long did you take or have you taken tamoxifen?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

2. Have you ever taken **raloxifene (Evista[®])**?

- ☐₀ No
☐₁ Yes →
☐₉ Don't know

2.1 How long did you take or have you taken raloxifene?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

3. Have you ever taken **toremifene (Fareston[®])**?

- ☐₀ No
☐₁ Yes →
☐₉ Don't know

3.1 How long did you take or have you taken toremifene?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

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These next questions ask about medications known as **anti-estrogen therapies** or **aromatase inhibitors**. These medications include anastrozole (Arimidex[®]), exemestane (Aromasin[®]), and letrozole (Femara[®]).

Since your breast cancer diagnosis:

4. Have you ever taken **anastrozole (Arimidex[®])**?

- ☐₀ No
☐₁ Yes →
☐₉ Don't know

4.1 How long did you take or have you taken anastrozole?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

5. Have you ever taken **exemestane (Aromasin[®])**?

- ☐₀ No
☐₁ Yes →
☐₉ Don't know

5.1 How long did you take or have you taken exemestane?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

6. Have you ever taken **letrozole (Femara[®])**?

- ☐₀ No
☐₁ Yes →
☐₉ Don't know

6.1 How long did you take or have you taken letrozole?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

Please go to next page

7. Have you ever taken any **SERM** or **aromatase inhibitor** that is not listed above, or that you may not recall the name of?

☐ No☐ Yes ☐ Don't know

7.1 How long did you take or have you taken this medication? (Use your best estimate; mark only one.)

☐ Less than 1 month

☐ 1-2 years

☐ 1-5 months

☐ 3-4 years

☐ 6-11 months

☐ 5 or more years

8. Have any of the following barriers prevented you from obtaining or taking the prescribed breast cancer medications previously asked about (i.e., tamoxifen, raloxifene, toremifene, anastrozole, exemestane, and letrozole)? **(Please check all that apply.)**

☐ I did not experience any barriers to taking these medications.

☐ I have never heard of these medications.

☐ My health insurance would not cover these medications.

☐₄ These medications or copayments cost too much.

☐₅ It is a problem for me to get to my medical facility/physician.

☐₆ Taking these medications would be inconvenient.

☐ I was concerned about possible side effects or complications from these medications.

☐ I was concerned about missing work due to taking these medications.

☐ My family discouraged me from taking these medications.

☐₁₀ My friends discouraged me from taking these medications.

☐₁₁ I am taking too many medications.

☐₁₂ I don't like taking medications.

☐ ₁₃ My physician did not recommend these medications for my particular type of breast disease.

☐ ₁₄ Other: _____

9. What is the date you finished answering this form? - -
Month Day Year

Thank you.

Please take a moment to review any questions you may have missed.