

Study on breast cancer and shift-work in nurses

Dear Colleague,

The International Agency for Research on Cancer (IARC), in 2010, classified shift-work as a likely carcinogenic factor for humans (Group 2A) due to the high incidence of breast cancer in women who work in night-shifts, such as nurses. Therefore, the objective of this project is to investigate the possible relationship between shift work, especially night work, and the development of breast cancer in this population.

The research team guarantees that all your answers will be treated anonymously and confidentially, being your participation totally voluntary.

To express your acceptance to participate in this study, please check the following box with a cross:

I agree to participate voluntarily in this study, once I received the information * Yes

PERSONAL DATA

Gender: Woman Man Age: ____ Years

Current marital status:

Single Married Divorced Widow/er Other: _____

Indicate the studies you have pursued and finished: *You can check more than one option*

Graduate or similar University Master

Nurse Specialist Doctorate

GENERAL DATA

Are you diagnosed with any illnesses? Indicate it: _____

Have you had any cancers throughout your life? Yes No

Indicate type: _____

Has your mother or sister ever had breast cancer throughout their life?

Yes, both Yes, my sister Yes, my mother No

Have you used oral contraceptives throughout your life? Yes No Not indicated

If you indicated «**YES**», for how long? _____ years.

How many mammograms have you done throughout your life? _____ mammograms.

In your work, have you had regular exposure to electromagnetic fields (e.g. X-rays)?

No, never Sometimes

In your work, have you had regular exposure to cytostatics?

No, never Sometimes

If you have checked the option "**No, never**" go to question **HAB01**. If you have checked "**Sometimes**", indicate the approximate number of cumulative months you have been exposed: _____ months (*electromagnetic fields*) _____ months (*cytostatics*)

LIFESTYLE

Height: _____ cm. Weight: _____ kg

How do you consider the physical activity you develop in your work?

Light Moderate Hard Very hard

How many hours did you spend last week doing physical exercise in your free time?

_____ hours doing physical exercise the last week.

FAMILY RESPONSIBILITY

Do you have children under the age of 14? Yes No How many?: _____

Do you have dependents family (elderly, disabled or family members with a serious illness) in your care? Yes No How many?: _____

SLEEP AND REST

Do you have a regular sleep schedule? Yes No

Do you use any medication to get to sleep? Yes No No, but previously yes

TOBACCO EXPOSURE

Did you ever smoke cigarettes? Yes No

Do you currently smoke cigarettes?

Yes, everyday Yes, some days No, I don't smoke

How many cigarettes a day? (*Indicate 0 if you do not smoke*): _____ cigarettes

In your opinion, is the smoking ban complied in your job?

Totally Almost always Hardly ever Never

How many hours a day are you exposed to tobacco smoke in your workplace? _____ hours

At work, how many hours a day do you spend with smokers? _____ hours

How often are you exposed to tobacco smoke inside your home?

Never or hardly ever Less than one hour a day

Between 1 and 5 hours a day More than 5 hours a day

LABOUR DATA

CURRENT JOB

Indicate what type of corporation you are currently working on.

Type of system: Public system Private system

Attention level: Primary Care Specialized Care

Type of organization:

Public Public enterprise Consortium

Health alliance Private Other: _____

How long have you been working at your current company?

Less than 30 days. Between 1 and 6 months. Between 6 months and 2 years.

2 – 5 years. 5 – 10 years. More than 10 years.

Your current main job is: Full-time Part-time

Indicate the type of shift in the position you currently hold:

- | | | |
|---|---|--|
| <input type="checkbox"/> Only morning | <input type="checkbox"/> Only afternoon/evening | <input type="checkbox"/> Only nights |
| <input type="checkbox"/> Morning and night | <input type="checkbox"/> Morning and afternoon | <input type="checkbox"/> Afternoon and nights |
| <input type="checkbox"/> Morning, afternoon and night | <input type="checkbox"/> 24h-shift | <input type="checkbox"/> 12h-shift (morning and night) |
| <input type="checkbox"/> Only morning + Eventual 24h | <input type="checkbox"/> Irregular | <input type="checkbox"/> Other: |

PROFESSIONAL CAREER

Indicate the number of accumulated years you've been working on (throughout your life):

___ years

Indicate how many years you have worked regularly more than 3 nights per month:

___ years

Indicate the number of working nights accumulated throughout your life (approx.):

___ nights

Indicate the age at which you started performing night shifts (*indicate 0 if you have not performed night shifts*):

___ years

MEDICAL/SICK LEAVES

With regard to your sick leaves from work (in the last 12 months): *You can check more than one option.*

- Aproximately, I have been ____ days off due to illness in the last year.
- I haven't been on sick leave in the last year.
- I have had ____ sick leaves the last year.

- I've taken other types of sick leave (indicate type and number)_____

If you have been on sick leave, please indicate the disease _____

SUGGESTIONS

If you have any suggestions, recommendations, consultations or would like to reflect any issues in the course of the questionnaire, please do so below:

THANK YOU VERY MUCH FOR YOUR INVALUABLE COLLABORATION.