



Mentor Application

Thank you for your interest in becoming an ABCD mentor. If you've had breast cancer, we recommend that you are at least one year beyond treatment to begin training. To become a mentor, you must complete ABCD's New Mentor Training program. You then will be matched with participants on the basis of such characteristics as age, diagnosis and treatment. Your responses to this questionnaire will help us match you with breast cancer patients. All information is confidential. Feel free to attach an additional page if you need more space to answer these questions. Thank you!

Section I: General Information

Name _____ Date of Birth _____

Address _____

Phone: Home _____ Cell _____

Email _____

Employment: Yes / No

Currently employed Retired

Occupation _____

Employer _____

Work Phone _____

May we call you at work? Yes / No

Were you employed when you were diagnosed?
Yes / No

Did you work while in treatment?
Yes / No

Marital Status:

Married

Single never married / divorced / widowed

Spouse/Partner Name _____

Spouse/Partner Occupation _____

What was your marital status when you were diagnosed and in treatment?

Married

Single never married / divorced / widowed

Number of Children _____

Birth Years _____

Ethnicity (optional) _____

What is your religion? (optional) _____

How important was religion/spirituality in your healing process?

Very important Important Not very important

Do you, or did you, deal with any psychological issues (depression, family conflicts, etc.) related to your breast cancer? (optional)

Please list your outside interests and hobbies: _____

Are you fluent in any foreign languages? _____

Section III: Surgeries

Did you have any surgical biopsy procedures? Yes / No

If yes, please list: _____

Lymph Node Surgery:

- Sentinel lymph node biopsy Axillary node dissection

Breast Surgery:

- Lumpectomy
 Quadrantectomy
 Re-excision How many? _____
- Mastectomy
 Single Double Prophylactic? Yes / No
 Skin-sparing

Reconstruction: Yes / No

- Immediate Delayed How long? _____

Tissue Flap

- TRAM flap *pedicle flap / free flap / don't know*
(Skin, fat, blood vessels, and at least one abdominal muscle are moved from the abdomen to the chest.)
- DIEP flap
(Uses fat and skin from the same area as in the TRAM flap but does not use the muscle to form the breast mound.)
- LAT (latissimus dorsi) flap
(Moves muscle and skin from the upper back when extra tissue is needed. The flap is made up of skin, fat, muscle, and blood vessels. It is tunneled under the skin to the front of the chest. This creates a pocket for an implant, which can be used for added fullness to the reconstructed breast.)
- SGAP (gluteal free) flap
(Uses tissue from the buttocks, including the gluteal muscle, to create the breast shape.)
- Other _____

Implants

- Saline-filled Silicone gel-filled
- One-stage immediate breast reconstruction
- Two-stage reconstruction with tissue expander(s)

Nipple Areola Reconstruction Yes / No

Nipple Areola Tattoo Yes / No

Do you have any additional information regarding your surgeries that you would like us to know?

(Please continue on back as needed) _____

Section IV: Treatment

Radiation: Yes / No

- External (5 – 7 weeks)
- Internal/Brachytherapy (5 day) *multi-catheter / balloon-catheter* (MammoSite)

Do you have any additional information regarding your radiation that you would like us to know?

Chemotherapy: Yes / No

- Adjuvant** / after surgery **Neoadjuvant** / prior to surgery

If known, please indicate what chemotherapy regimen was used to treat your breast cancer:

- AC:** Adriamycin (*doxorubicin*) and **Cytosxan** (*cyclophosphamide*)
- AT:** Adriamycin (*doxorubicin*) and **Taxotere** (*docetaxel*)
- TC:** **Taxotere** (*docetaxel*) and **Cytosxan** (*cyclophosphamide*)
- TAC:** **Taxotere** (*docetaxel*), **Adriamycin** (*doxorubicin*), and **Cytosxan** (*cyclophosphamide*)
- AC → T:** **Adriamycin** (*doxorubicin*) and **Cytosxan** (*cyclophosphamide*) **followed by Taxol** (*paclitaxel*) or **Taxotere** (*docetaxel*)
- CMF:** **Cytosxan** (*cyclophosphamide*), **methotrexate**, and **5-Fluorouracil**
- A → CMF:** **Adriamycin** (*doxorubicin*), followed by **CMF**
- FAC or CAF:** **5-Fluorouracil**, **Adriamycin** (*doxorubicin*), and **Cytosxan** (*cyclophosphamide*)
(The FAC and CAF regimens use the same medicines but use different doses and frequencies)
- CEF (FEC):** **Cytosxan** (*cyclophosphamide*), **Ellence** (*epirubicin*), and **5-Fluorouracil**
- Other _____

Do you have any additional information regarding your chemotherapy that you would like us to know?

Section V: Other Information

Other Conditions:

Do you have any other medical conditions, especially those that may have affected your breast cancer experience, which might be helpful for ABCD to know about (for example, other cancers, diabetes, etc.)?

Complementary / Integrative Therapies:

Please let us know of any complementary therapies and practices you used to help you manage the physical and emotional symptoms of breast cancer.

- | | | |
|---|--|--|
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Journaling | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Massage | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Meditation | <input type="checkbox"/> Spirituality and Prayer |
| <input type="checkbox"/> Chiropractic Therapy | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Diet and Nutrition | <input type="checkbox"/> Natural Products | <input type="checkbox"/> Therapeutic touch |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Pet therapy | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Progressive Muscle Relaxation | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Guided Imagery | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Physical therapy | |

Other:
