

****IMPORTANT INSTRUCTIONS****

- Use PEN, never use pencil.
- Make no additional comments/marks.
- Please complete all four pages of this form.
- Some of this information may be used for research. All information will be kept confidential as provided by law. **If you do not wish to have this information used for research, please fill in here**

Please inform the technologist if you are pregnant.

PLEASE ANSWER QUESTIONS WITH A MARK LIKE THIS ● NOT LIKE THIS ⊗ OR ⊙

1. First Name

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

a) What is Today's Date (mm/dd/yyyy)

		/			/				
month			day			year			

b) What is your GHC identification number?

--	--	--	--	--	--	--	--	--	--

c) and/or what is your Social Security Number?

			-			-				
--	--	--	---	--	--	---	--	--	--	--

d) What is your date of birth?

		/			/				
month			day			year			

Please answer the following questions to help the clinical staff with your appointment today

1e. What is the main reason for your visit today?

(Fill in only one)

- Routine screening
- Follow-up to routine screening exam
- Concerns about breast problems

f) Have you had any of the following breast changes in the last 3 months? (Fill in all that apply)

- No changes. **➡ If no changes, go to #2a**

	BOTH	LEFT	RIGHT
Nipple Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe:

--

g) Are any of these changes present today?

- Yes
- No

Please answer the following questions to help us assess your CURRENT risk of getting breast cancer.

2a. Has a physician ever removed tissue from your breast (done a biopsy; this does not include removing fluid from a cyst using a needle)?

- Yes
- No **➡ If no, go to #3a**



b) How many times has this occurred?

- Once
- Twice
- Three Times
- Four or more
- Don't Know

c) Which breast(s) was/were involved?

- Both breasts
- Left breast
- Right breast

d) When was your first breast biopsy?

year			

e) When was your most recent breast biopsy?

year			

f) Was your most recent biopsy done at GHC?

- Yes
- No

3a. Have you ever been diagnosed with breast cancer?

- No **➡ If no, go to #4a**
- Yes, both breasts
- Yes, left breast
- Yes, right breast



b) When was your FIRST breast cancer diagnosed?

		-				
month			year			

4a. Have you had any of the following breast procedures?

(Fill in all that apply)

	BOTH BREASTS	LEFT BREAST	RIGHT BREAST
Cyst aspiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumpectomy (for breast cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mastectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have not had any of the above procedures

b) If you have had breast implants, are your breast implants still present?

- Yes, in both breasts
- Yes, in the left breast
- Yes, in the right breast
- No

5a. When was your last mammogram?

		-				
month			year			

I have never had a mammogram

➔ **If never had a mammogram go to #6**

b) Was your last mammogram done at GHC?

- Yes No

c) Do you currently weight at least 10 pounds MORE or 10 pounds LESS than you did at your last mammogram?

- Yes more Yes Less No

d) How many mammograms have you had in the last five years?

- None 1 2 3 4 5 6 or more
- Don't Know

6. How old were you when you had your first menstrual period?

		years old
--	--	-----------

- Don't Know
- I have never had a menstrual period

7a. Are you still having periods?

- Yes
- Yes, but I am on female hormones (estrogen or Progesterone; **not** birth control pills)
- Yes, but they are irregular or less frequent
- No ➔ **If no, go to #7c**

b) When was the first day of your last menstrual period?

- 1-7 days ago 22-35 days ago
- 8-14 days ago more than 35 days ago
- 15-21 days ago

If you answered any of the above, go to #8a

c) How old were you when your menstrual period stopped?

		years old	<input type="radio"/> Don't Know
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d) Why did your menstrual periods stop?

- Natural menopause
- Surgery
 - Hysterectomy (removal of uterus)
 - Removal of one ovary
 - Removal of both ovaries
 - Don't know if ovaries were removed
- Oral contraceptives or Depo-Provera
- Other reason
- Don't know

8a. Have you ever given birth to a child?

(Include all pregnancies that lasted at least 6 months, live births, still births, or cesarean sections.

DO NOT include miscarriages and abortions.)

- Yes No ➔ **If no, go to #9**



b) How old were you when you first gave birth?

		years old
--	--	-----------

c) How many times have you given birth?

- 1 2 3 4 5 or more

9. Are you currently using birth control pills?

- Yes No

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10a. Have you ever taken female hormones?
(Include estrogen, progesterone, and tamoxifen.

DO NOT include birth control pills, Norplant, Depo-Provera, or fertility-enhancing hormones.)

Yes No **→ If no, go to #11**



b) How many years in all have you taken female hormones?

- Less than 1 year 5 to 9 years
 1 to 2 years 10 to 14 years
 3 to 4 years 15 years or more

c) Are you currently taking any of the following hormones or medications? (Fill in all that apply)

- Hormone replacement therapy (HRT)
 Both Estrogen and Progesterone
 Estrogen only
 Progesterone only
 Tamoxifen (Nolvadex)
 Raloxifene (Evista)
 Other hormone:
 Don't Know
 I am not currently taking female hormones

11. Are you adopted?

Yes **If you do NOT know your family history, go to #20a**

No

The following questions are about your BLOOD relatives (living OR dead). Do not include information about adoptive relatives, step relatives, or relatives by marriage.

12. Have any of your MALE relatives been diagnosed with breast cancer?

No Father Brother Son Don't Know

13. How many sisters do you have

None 1 2 3 4 5 6 or more
 Don't Know

14. How many daughters do you have?

None 1 2 3 4 5 6 or more
 Don't Know

15. How many aunts do you have?

None 1 2 3 4 5 6 or more
 Don't Know

16. Have any of your female BLOOD relatives been diagnosed with breast cancer?

Yes No Don't Know



Go to question #19

17. How many of your female BLOOD relatives have been diagnosed with breast cancer?

a) Mother No Yes Don't Know

b) Sister

None 1 2 3 4 5 6 or more
 Don't Know

c) Daughter

None 1 2 3 4 5 6 or more
 Don't Know

d) Grandmother

None 1 2 3 4 5 6 or more
 Don't Know

e) Aunt

None 1 2 3 4 5 6 or more
 Don't Know

18. How many of your female BLOOD relatives were diagnosed before age 50?

a) Mother No Yes Don't Know

b) Sister

None 1 2 3 4 or more
 Don't Know

c) Daughter

None 1 2 3 4 or more
 Don't Know

d) Grandmother

None 1 2 3 4 or more
 Don't Know

e) Aunt

None 1 2 3 4 or more
 Don't Know

19. Have any of the following BLOOD relatives been diagnosed with ovarian cancer?

a) Mother No Yes Don't Know

b) Sister

None 1 2 3 4 or more
 Don't Know

c) Daughter

None 1 2 3 4 or more
 Don't Know

If one or more have had ovarian cancer:

d) Of the relatives above (mother, sister, daughter) how many were diagnosed with ovarian cancer before the age of 45?

None 1 2 3 4 or more
 Don't Know

20a. Have you ever been diagnosed with ovarian cancer?

Yes No → If no, go to #21a



b) If yes, at what age were you diagnosed with ovarian cancer?

under age 45 50-54
 45-49 55 or older

21a. Have you ever been treated with radiation therapy

(more than one radiation dose) to the neck or chest?
(for example, Hodgkin's disease, thyroid problems?)

Yes No → If no, go to #22



b) How old were you at the time of your first radiation therapy?

under age 20
 20 years or older

c) Was this treatment for Hodgkin's disease?

Yes No

Please answer the following questions to help further our understanding of breast cancer risk and to assist in your care.

22. When was the last time a health care provider examined your breasts for lumps with his/her hands?

Never
 Within the last 3 months
 4 - 5 months ago
 6 months - 1 year ago
 greater than 1 year and less than 2 years
 2 years ago or more
 Not sure

23a. Do you currently practice breast self-examination?

(examine your own breasts for lumps)

Yes No → If no, go to #24

b) About how frequently do you examine your breasts for lumps?

More than once a month
 About once a month
 Every 2 - 3 months
 Every 4 - 5 months
 Every 6 months or less often

c) When you examine your breasts, about how long does it take for you to complete your examination?

minutes

24. What is your current height?

feet inches

25. What is your current weight?

pounds

26. Are you of Hispanic, Spanish, or Latino origin?

No Yes

27. What is your racial or ethnic background?

White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other, describe:

28. How many years of school have you completed?(mark one)

0 to 11 years
 High school graduate or GED
 Some college or technical school
 College Graduate
 Some graduate school or advanced degree

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

PLACE ARPA STICKER HERE PLEASE AFFIX LABEL CAREFULLY

Avoid creating air bubbles and press all edges down securely.

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