BREAST HEALTH HISTORY QUESTIONNAIRE
San Francisco Mammography Registry

Important Instructions

- Use blue or black ball point pen – no felt tips
- Fill in circles completely – no ✓'s or X's
- This information is used to help the radiologist interpret your mammogram.
- With your permission, this information also will be used for research purposes by the SFMR that may lead to improvements in breast health. **If you do <u>not</u> wish to have your information included in research, please fill in the circle.** ○

Correct Mark ● Incorrect Marks ⊘⊗◒⊙

1. Have you ever had a mammogram?
○ No ○ Yes, *If yes:*
When was your last mammogram?
○ Less than 1 year ago ○ 2 to 3 years ago
○ 1 to 2 years ago ○ 4 or more years ago
Where was it done? _____

2. Have you had a clinical breast exam within the last 3 months?
○ No ○ Yes, *If yes:*
Did your doctor discover a new or unusual lump?
○ No ○ Yes

3. Have you noticed any of the following changes in your breasts in the *last 3 months*?

	Right breast	Left breast
Lump (new or unusual)	○	○
Nipple discharge	○	○
Pain	○	○
Other:	○	○

describe: _____

4. Has a doctor ever told you that you have breast cancer?
○ No ○ Yes, *If yes:*
○ Right breast ○ Left breast ○Both breasts

5. Has your mother, sister or daughter ever been diagnosed with breast cancer?

	No	Yes		Was she diagnosed before age 50? **Yes**
Mother?	○	○	→	○
Sister(s)?	○	○	→	○
Daughter(s)?	○	○	→	○

6. Have you ever given birth?
○ No ○ Yes, *If yes:*
How old were you when your first child was born?
○ Under age 20 ○ 30 - 39 years old
○ 20 - 29 years old ○ 40 or older

7. Have your menstrual periods stopped permanently?
○ No
○ Not sure, periods less frequent
○ Yes: Periods stopped naturally
○ Yes: But now have periods induced by hormones
○ Yes: Uterus removed by surgery
○ Yes: Uterus ***and*** ovaries removed by surgery
○ Yes: Other: _____
If yes, how old were you when your periods stopped?
○ Under age 30 ○ 40 - 44 ○ 50 - 54
○ 30 - 39 ○ 45 – 49 ○ 55 or older

8. Are you *currently* taking hormone replacement (female hormones prescribed for women after menopause)?
○ No ○ Yes, for less than five years
○ Yes, for five years or more

Name: _____ **Date:** _____
Address: _____
(street)
_____
(city, state, zip)

9. Are you *currently* taking any of the following medications?
○ Tamoxifen ○ Hormones for birth control
○ Raloxifene ○ None

10. Which breast surgeries or treatments have you had?

Surgery/Treatments	Right breast	Left breast	Date(s)
Fine needle aspiration	○	○	_____
Core biopsy	○	○	_____
Surgical biopsy	○	○	_____
Lumpectomy for cancer	○	○	_____
Mastectomy	○	○	_____
Radiation therapy	○	○	_____
Breast reconstruction	○	○	_____
Breast reduction	○	○	_____
Breast implants *(presently)*	○	○	_____

11. How tall are you in feet and inches?

FT.	INCH.
③	⓪
④	①
⑤	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	⑪

12. How much do you weigh in pounds?

POUNDS		
⓪	⓪	⓪
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

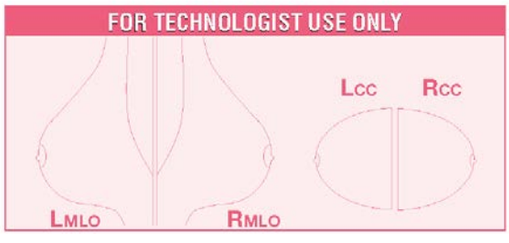
13. On average, about how many alcoholic drinks do you have per day?
○ None ○ About two a day
○ Less than one or one a day ○ Three or more a day

The following questions are optional but will be very helpful for research in breast health.

14. Racial or ethnic background: (fill in all that apply)
○ African-American/Black ○ Japanese
○ Caucasian/White ○ Filipina
○ Hispanic/Latina ○ Vietnamese
○ American Indian ○ Other Asian
○ Chinese ○ Other, non-Asian

15. How many years of schooling have you had?
○ Some high school or less
○ High school graduate
○ Some college or technical school
○ College graduate or more

16. Are you willing to be contacted in the future to be invited to participate in studies related to breast health?
○ Yes ○ No

Thank You!

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