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. 	Name: Date:				
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 not wish to have your 	Address: (street)				
information included in research, please fill in the circle.	(city, state, zip)				
•					
Correct Mark Incorrect Marks 🗸 🗞 🕞 🕟	Are you <i>currently</i> taking any of the following medications?				
•	○ Tamoxifen ○ Hormones for birth con				
Have you ever had a mammogram?	O Raloxifene O None				
No Yes, If yes: When was your last mammogram?	Which breast surgeries or treatments have you				
Less than 1 year ago 2 to 3 years ago	had? Right Left				
1 to 2 years ago 4 or more years ago	Surgery/Treatments breast breast Date(s)				
Where was it done?	Fine needle aspiration Core biopsy				
• 2 Have you had a clinical breast exam within the last	Surgical biopsy				
3 months?	Lumpectomy for cancer O O				
No Yes, If yes:	Mastectomy Radiation therapy				
Did your doctor discover a new or unusual lump?	Breast reconstruction				
No Yes	Breast reduction O O				
Have you noticed any of the following	Breast implants (presently)				
changes in your breasts in Right Left	ET INCH				
the last 3 months? breast breast	How tall 12 How POUNDS				
Lump (new or unusual) Nipple discharge	are you much do				
Pain	$\begin{array}{c cccc} & \text{in feet} & & & & & & \\ & \text{and} & & & & & & \\ & & & & & & & \\ \hline & & & &$				
Other:	inches? 2 pounds? 1111				
describe:	3 3 4 4 3 3 3 3 3 3 3 3				
•	5 5				
Has a doctor ever told you that you have breast cancer?	6 6 5 5				
No Yes, If yes: Right breast Left breast Both breasts					
lught breast S dest breast S both breasts					
Has your mother, sister or daughter ever been diagnosed with breast cancer? Was she diagnosed					
before age 50?	On average, about how many alcoholic drinks do you have per day?				
No Yes Yes Mother?	drinks do you have per day? None About two a day				
Sister(s)?	Less than one or one Three or more a				
Daughter(s)?	a day day				
	The following questions are optional but will be very				
6 Have you ever given birth?	helpful for research in breast health. Racial or ethnic background: (fill in all that apply)				
No Yes, If Yes:	The state of the s				
How old were you when your first child was born?	African-American/Black Japanese Caucasian/White Filipina Hispanic/Latina Vietnamese				
■ Under age 20	O Hispanic/Latina O Vietnamese				
20 - 29 years old 40 or older	OAmerican Indian Other Asian				
• Have your menstrual periods stopped permanently?	Chinese Other, non-Asian How many years of schooling have you had?				
■ No	How many years of schooling have you had?				
Not sure, periods less frequent	Some high school or less				
Yes: Periods stopped naturallyYes: But now have periods induced by hormones	○ High school graduate ○ Some college or technical school				
Yes: Uterus removed by surgery	College graduate or more				
Yes: Uterus <i>and</i> ovaries removed by surgery					
Yes: Other:	Are you willing to be contacted in the future to be invited to participate in				
If yes, how old were you when your periods stopped?	studies related to breast health?				
Under age 30	Are you willing to be contacted in the future to be invited to participate in studies related to breast health? Yes No Thank You!				
$\bigcirc 30 - 39$ $\bigcirc 45 - 49$ $\bigcirc 55$ or older	Thank You! FOR TECHNOLOGIST USE ONLY				
8 Are you currently taking hormone replacement (female	/ \				
hormones prescribed for women after menopause)? No Yes, for less than five years	Lcc Rcc				
Yes, for five years or more					

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10	Which breast surgeries or treatments have had? Right Left						you]	
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	Surgical biopsy Lumpectomy for cancer							
	Mastectomy			Ŏ	Ŏ			
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	O Caucasian/White O Filipina O Hispanic/Latina O Vietnamese						WRIT	
	O American Indian O Other Asian						NOT	
	O Chines	e		\circ	Other,	non-Asian	PLEASE DO NOT WRITE IN THIS AREA	
15					g have	e you had?	PLEA	
	O Some high school or less O High school graduate						O	
	O Some college or technical school O College graduate or more							
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