



Instructions:

Please complete this questionnaire using a No.2 pencil or blue or black pen.

All letters and numbers must be written in capital block style without touching the sides, as shown.

0 1 2 3 4 A B C D E

Please shade circles like this: ●

1. MAMMOGRAM HISTORY

What is the main reason for your visit today?
(Choose one)

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

IF CONCERNS: Who first noticed your breast problems?

- Self
- Physician or other healthcare provider
- Other

When was your last mammogram?
(Choose one)

- Within the last 12 months
- 1 to 2 years ago
- 3 to 4 years ago
- 5 or more years ago
- Never had a mammogram before

When did a health care provider last examine your breasts? (Choose one)

- Never
- Within the last 3 months
- Between 3 - 6 months ago
- Between 6 - 12 months ago
- Between 1 and 2 years ago
- Between 2 and 5 years ago
- Not sure

2. CORE LINKING INFORMATION (used only to avoid duplication of records)

What is your date of birth?

MM / DD / YYYY

2. CORE LINKING INFORMATION (used only to avoid duplication of records) cont.

What is your social security number?

SSN boxes

What is your maiden name (last name only)?

Maiden name boxes

3. HEALTH HISTORY

Have any first-degree blood relatives been diagnosed with breast cancer? (Shade all that apply)

- Mother: No Yes Not sure
- Sister: No One 2 or more Not sure
- Daughter: No One 2 or more Not sure

IF YES, were any diagnosed before age 50?

- Mother: No Yes Not sure
- Sister: No One 2 or more Not sure
- Daughter: No One 2 or more Not sure

Have your menstrual periods stopped permanently?
(Choose one)

- No
- Yes, natural menopause
- Yes, surgical procedure (female organs removed)
- Yes, other reason
- Not sure

IF periods have stopped, age at menopause:

Age at menopause boxes

IF NO or NOT SURE that periods have stopped, when was the first day of your last menstrual period?

MM / DD / YYYY

Have you ever given birth? Yes No

IF YES: How old were you when your first child was born?

Age at first birth boxes

How many children have you given birth to?

Number of children boxes

number of children

3. HEALTH HISTORY (Contd.)

How old were you when you had your first menstrual period? (Choose one)

- 12 or younger
- 13
- 14
- 15 or older
- Not sure
- Never started my period

Have you ever had an ovary removed? (Choose one)

- No ovary removed
- Yes, one ovary removed
- Yes, both ovaries
- Yes, but don't know if one or both
- Don't know

Have you or a blood relative ever been diagnosed with ovarian cancer?

- No
- Self
- Mother, sister, daughter
- Other relative
- Not Sure

4. PERSONAL HISTORY

Are you of Hispanic, Spanish, or Latino origin?

- No
- Yes

What is your racial or ethnic background? (Shade all that apply)

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



4. PERSONAL HISTORY (Contd.)

What is the highest level of education you have completed? (Choose one)

- Less than high school graduate
- High school graduate or GED
- Some college or technical school
- College or post-college graduate

What is your current height? (to the nearest inch)

Feet	Inches		

for example 5 ft 6½ ins. = 5 0 7

What is your current weight?

Pounds		

for example 98 lbs. = 0 9 8

What did you usually weigh (when not pregnant) when you were between 18 and 20 years old?

Pounds		

What kind of health care coverage do you have? (Shade all that apply)

- Medicare
- Medicaid
- Private insurance plan (with Blue Cross, AETNA etc.)
- Managed care plan (with Blue Choice or other HMO/PPO)
- Other, describe: _____
- Not sure
- I have no coverage

What is your current marital status? (Choose one)

- Single
- Divorced
- Married
- Widowed
- Separated
- Living as married

Where were you born?

- USA
- Other: _____

If born in USA, in which state were you born?

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State (for example: NH, VT, MA, ME, etc.)