



# Group Health Cooperative

## Risk Factor Questionnaire 2.2

Please inform the technologist if you are pregnant.

PLEASE ANSWER QUESTIONS WITH A MARK LIKE THIS ● NOT LIKE THIS ✕ OR ✓

### \*\*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 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

1. First Name

□□□□□□□□□□□□□□□□□□□□

Last Name

□□□□□□□□□□□□□□□□□□□□

a) What is today's date?

□□ / □□ / □□□□  
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	○	○	○
Lump	○	○	○
Pain	○	○	○
Other	○	○	○

Describe: □□□□□□□□□□□□□□□□□□□□

g) Are any of these changes present today? ○ Yes ○ No

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?

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 weigh 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?

<input type="text"/>	<input type="text"/>	years old
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- Don't Know
- I have never had a menstrual period

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

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

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

<input type="text"/>	<input type="text"/>	years	<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?

<input type="text"/>	<input type="text"/>	years old
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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

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  
 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  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 breast 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?

Yes  No

27. What is your racial 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?

- 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.**