BREAST HEALTH HISTORY QUESTIONNAIRE
San Francisco Mammography Registry

BAR CODE HERE

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. *Your data are protected by a federal certificate of confidentiality*. If you do not wish to have your information included in research, please fill in the circle. ○

Correct Mark ● Incorrect Marks ✓ ✗ ◒ ⊙

Name: _____ **Date:** _____

Address: _____ (street)

_____ (city, state, zip)

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?

	Present Today?		In the last 3 months?	
	Right breast	Left breast	Right breast	Left breast
Lump (new or unusual)	○	○	○	○
Nipple discharge (bloody)	○	○	○	○
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(s), daughter(s), grandmother(s), aunt(s) or any male relative ever been diagnosed with breast cancer? ***Please answer for BLOOD relatives only.***
○ No (skip to question 6) ○ Yes (please fill out table) ○ Don't know

If "yes," please fill out this table	No	Yes	Was the diagnosis before age 50? Yes
Mother?	○	○	○
Sister(s)?	○	○	○
Daughter(s)?	○	○	○
Grandmother(s)?	○	○	○
Aunt(s)?	○	○	○
Male relative(s)?	○	○	○

6 Has your mother, sister(s), daughter(s), grandmother(s), or aunt(s) ever been diagnosed with ovarian cancer? ***Please answer for BLOOD relatives only.***
○ No ○ Yes

7 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

8 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 both*** ovaries removed by surgery
○ Yes: Uterus ***and one*** ovary 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

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

10 Are you *currently* taking any of the following medications?
○ Tamoxifen (Nolvadex) ○ Letrozole (Femara)
○ Raloxifene (Evista) ○ Hormones for birth control
○ Anastrozole (Arimidex) ○ None

11 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)*	○	○	_____

12 How tall are you in feet and inches?

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

13 How much do you weigh in pounds?

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

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

14 Was there any time in the past 12 months when you needed to get health care but could not?
○ No ○ Yes, *If Yes*:

What were the main reasons? (fill in all that apply)
○ Family, school, or work responsibilities
○ Cost of care or insurance coverage
○ Travel or transportation
○ Other

15 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

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

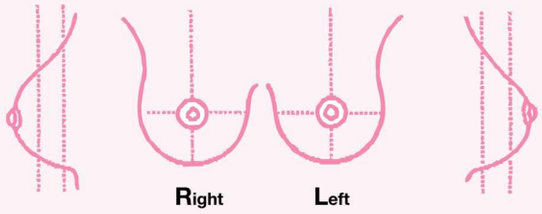
17 Are you willing to be contacted in the future to be invited to participate in studies related to breast health? ○ Yes ○ No

Thank You!

SERIAL NUMBER

PLEASE DO NOT WRITE IN THIS AREA

FOR TECHNOLOGIST USE ONLY



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