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. *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	icase i			rks 🗸 🥻	X OO	
<u> </u>	_			iiks V V		
Have you ever had		ammogr	am?			
\bigcirc No \bigcirc Yes, If y		_				
When was your last mammogram?						
U Less that		_	~	to 3 year	O	
1 to 2 ye	ears a	go	\bigcirc 4	or more y	years ago	
Where was	s it do	one?				
A Hanaman had a alim	l l		:4h:-	. 41 1 4	. 0 41	
Have you had a clin		reast exa	m withii	n the last	3 months	
No Yes, If y		J:			1 l	
Did your d		aiscove	r a new	or unus	uai iump	
O No	Yes					
3 Have you noticed		Present In the last				
any of the following	nơ	Present Today?		3 months?		
changes in your	-5	-		Right Left		
breasts?		Right breast	Left breast	_	breast	
Lump (now or up)	(1,01)	Olcust	O	O	O	
-	Lump (new or unusual) Nipple discharge (bloody)					
11	oiooay)					
Other:	Pain					
describe:						
describe:						
4 Has a doctor ever	told y	vou that	wou ho	va bwaa	at annan	
		you mai	you na	ve preas	st cancer	
No Yes, If y		O Laga		Dath	1	
		Left	` ' ' '		breasts	
Has your mother,						
aunt(s) or any ma breast cancer? <i>Ple</i>	ie rei:	anye ev	er been LOOD rei	ativeson	sed with	
		\	1	1 17	Don't know	
No (skip to question	6)	ies (piea	se till out t	anie)	Don t knov	
If "yes," please fill			Wa	s the diagn efore age 5	osis	
out this table	No	Yes		Yes	U:	
Mother?			,			
Sister(s)?						
Daughter(s)?						
Grandmother(s)?						
Aunt(s)?						
Male relative(s)?	$\vdash \overset{\sim}{\cap}$	$1 \stackrel{\sim}{\sim}$		\sim		
•						
6 Has your mother,	sister	(s), dau	ghter(s)	, grandı	mother(s)	
or aunt(s) ever be Please answer for BLO				varian c	ancer	
O No O Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
O NO O les						
have you ever giv	en bi	rth?				
No Yes, If Y						
How old w		ıı when	vour fir	st child	was horn'	
		ou when	_			
	Under age 20 30 - 39 years old 20 - 29 years old 40 or older					
<u> </u>	years	Jiu	40 01	oluei		
Have your menstr	บลไท	eriods si	topped i	perman	ently?	
No	uui p	ciious s	юррси	perman	onory.	
~	. 1000	faccinent				
Not sure, periods		_				
Yes: Periods stop	_	-				
Yes: But now have	_		-	ormones		
Yes: Uterus remo				1		
Yes: Uterus and					ry	
Yes: Uterus and	one o	vary ren	noved by	surgery		
Yes: Other:						
If yes, how old we	-		your pe		opped?	
Under age 30	\sim	40 - 44	$\widetilde{\bigcirc}$	50 - 54	,	
30 - 39	\circ	45 - 49	\circ	55 or ol	der	
Ano 17	401-4		om c 41-		mala	
Are you currently hormones prescri	bed fo	or wome	en after	menopa	use)?	



	Name:	Date:	
	Address: (street)		
	(city, state, 2	zip)	
10	•	xing any of the followin Letrozole (Femara Hormones for birt	a)
A			
4	had?	Right Left	you
	Surgery/Treatments	breast breast Date(s)	
	Fine needle aspiration Core biopsy		
	Surgical biopsy		
	Lumpectomy for cancer		
	Mastectomy		
	Radiation therapy	0 0	
	Breast reconstruction		
	Breast reduction		
	Breast implants (presently)		
	FT. INCH.		04
12	How tall	13 How POUNDS	Ë
\ \ \	are you in feet	much do you	₹
	and \	weigh in	Z
/ /	inches?	pounds? 1111	SERIAL NUMBEI
\\		222	띮
		333	o)
		(4) (4) (4) (5) (5) (5)	
)		666	\bigcirc
		0	$\tilde{\circ}$
		888	Ŏ
		999	Ö
	11)		\bigcirc
The		optional but will be very	\bigcirc
A	helpful for research	the past 12 months when	\bigcirc
163	you needed to get healt		\sim
	O No O Yes, If Yes:		Ŏ
		reasons? (fill in all that apply)	
	Family, school, or	work responsibilities	O
	Cost of care or in	_	\bigcirc
	Orland	ortation	EA
	Other		SAR
15	Racial or ethnic back	kground: (fill in all that apply)	
	O African-American/Bla		Z O
	O Caucasian/White	O Filipina	
	O Hispanic/Latina	O Vietnamese	
	American Indian	Other Asian	80
	Chinese	Other, non-Asian	
18	How many years of sc	hooling have you had?	PLEASE DO NOT WRITE IN THIS AREA
	Some high school or		PE C
	High school graduat		Ŏ
	O Some college or tech		0
	O College graduate or		PLEASE DO NOT WRITE IN THIS AREA
17		ontacted in the future to	
	be invited to participat breast health? Ye	\(\text{NI}.	
	<u> </u>	Thank You!	
3	FOR TECHNOLOG	IST USE UNLY	

Yes, for less than five yearsYes, for five years or more