## 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   |  | Inco   | rect Ma  | II NO 🗸 / 🗸  | <b>^</b> ) (•)                    |
|--|--|--|--|--|-----------------------------------|
| Have you ever had  | lam  |  |  |  |                                   |
| No Yes, If ye  |  | ammogi   | aiii;  |  |                                   |
| When was   |  | last ma  | mmogr  | am?  |                                   |
| O Less tha   | -  |  |  | to 3 vear  | s ago                             |
| 1 to 2 ye  |  | _  | $\bigcirc$ 4   | or more y  | years ag                          |
| Where was  |  | _  |  |  |                                   |
| Have you had a clini   |  | reast exa  | m withi  | n the last   | 3 montl                           |
| Did your d   |  | discove  | er a new   | or unus  | ual lum                           |
| Have you noticed any of the following changes in your breasts?   |  |  | sent<br>lay?   | In the last 3 months?  |                                   |
|  |  | Right Left<br>breast breast  |  | Right Left   |                                   |
| Lump (new or unu   | sual)  |  |  |  |                                   |
| Nipple discharge (k  |  | $\widetilde{\circ}$  | $\widetilde{}$   | $\widetilde{}$   | ŏ                                 |
| Pain   | , ,  | Ŏ  | Ŏ  | Ŏ  | Ŏ                                 |
| Other:   |  | Ŏ  | Ŏ  | Ŏ  | Ŏ                                 |
| describe:  |  |  |  |  |                                   |
|  |  |  |  |  |                                   |
| Has a doctor ever  |  | you that   | you ha   | ve breas   | st cance                          |
| No Yes, If ye  |  |  | $\sim$   | A 11   | .\ \                              |
| <u> </u>   |  | Left   | \ \ \ \  |  | breasts                           |
| Has your mother,   |  |  |  |  |                                   |
| aunt(s) or any mal<br>breast cancer? <i>Plea</i>   | ase an   | swer for B   | LOOD rei   | atives out   | v.                                |
| No (skip to question   |  | \  | 1  | 1 17   | Don't kı                          |
| 210 (Skip to question  | 0)   | TOD (prou  |  |  | Donom                             |
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| If "yes," please fill  |  |  | Wa   | s the diagn  | osis<br>0?                        |
| If "yes," please fill<br>out this table  | No   | Yes  | Wa   | s the diagn  | osis<br>0?                        |
| out this table  Mother?  | No   | Yes  | Wa   | s the diagn<br>efore age 5   | osis<br>0?                        |
| out this table  Mother?  Sister(s)?  | No<br>O  | Yes  | Wa   | s the diagn<br>efore age 5   | osis<br>0?                        |
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| Name:   |   |   | Date:  |   |
|---|---|---|--|---|
| Address: (street)   |   |   |  |   |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |   |  |   |
| (city, state,   |   |   |  |   |
| Are you <i>currently</i> tale medications?  | king an   | y of  | the followin   | ng                                      |
| Tamoxifen (Nolvade:   | <b>v</b> ) (  | Lota  | ozole (Femar   | ·o.)                                    |
| Raloxifene (Evista)   | <b>A</b> ) C  |   | mones for bir  |   |
| O Anastrozole (Arimid   | ex)   | Non   |  | 011 00110                               |
| *****   |   |   |  |   |
| Which breast surger had?  |   |   | nents have   | you                                     |
| Surgery/Treatments  | Right<br>breast k   |   | Date(s)  |   |
| Fine needle aspiration  |   | $\bigcirc$  |  |   |
| Core biopsy   | 0   | 0   |  |   |
| Surgical biopsy   |   | 0   |  |   |
| Lumpectomy for cancer   |   | $\bigcirc$  |  |   |
| Mastectomy  Radiation thereny   |   |   |  |   |
| Radiation therapy Breast reconstruction   |   |   |  |   |
| Breast reconstruction  Breast reduction   |   | $\sim$  |  |   |
| Breast implants (presently  |   | $\sim$  |  |   |
|   | ,   |   |  |   |
| How tall FT. INCH.  | A Ho  | X7  | POUNDS   | Œ                                       |
| are you   |   | w<br>ch de  |  | 18                                      |
| in feet \   | you   |   |  | 2                                       |
| and \\  |   | igh ii  |  | Z                                       |
| inches?   | pot   | ınds  | (1)(1)(1)<br>(2)(2)(2)   | N N                                     |
|   |   |   | 3 3 3  | SE                                      |
|   |   |   | (4) (4) (4)  |   |
| 6 6   |   |   | 5 5 5  |   |
| 7 7   |   |   | 666  | 0                                       |
|   |   |   | 777  | 0                                       |
|   |   |   | 888  |   |
|   |   |   | 999  | $\bigcirc$                              |
|   |   |   |  | . (                                     |
| following questions and   | ontiona   | 1 hu+   | will be now:   |   |
| e following questions are<br>helpful for research   |   |   |  | 000                                     |
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| helpful for research<br>Was there any time in you needed to get heal  | in breas<br>the past<br>th care b   | st hea<br>12 m  | lth. onths when  | 00000                                   |
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Yes, for less than five yearsYes, for five years or more