Patient Information Form

1. Have you had any of the following breast changes in the last 3 months? (check all that apply)
   - Lump
   - Nipple discharge
   - Pain
   - Other, describe: ______________________
   - No changes

2. When was your last mammogram?
   - Date: __ __ / __ __ __ __ (month/year)
   - I never had a mammogram

3. Have you ever been diagnosed with breast cancer?
   - No
   - Left breast
   - Right breast
   - Both breasts

4. Have you had any of the following breast procedures? (check all that apply)
   - Fine needle or cyst aspiration
   - Biopsy
   - Lumpectomy (for breast cancer)
   - Mastectomy
   - Radiation therapy
   - Breast reconstruction
   - Breast reduction
   - Breast implants (still present)
   - I have not had any of the above procedures

5. Have any blood relatives been diagnosed with breast cancer?
   - Mother: No
   - Sister: No
   - Daughter: No
   - IF YES: Were any diagnosed before age 50?
   - No
   - One
   - Two or more
   - Not sure

6. Are you currently using any of the following:
   - No
   - Yes
   - Hormone Replacement Therapy
     (including pills, patches or cream such as Premarin, Prempro, CombiPatch, Premphase, A Civialia, FemHR)
   - Tamoxifen (also called Nolvadex, Istubal, Valodex)
   - Raloxifene (also called Evista)
   - Aromatase Inhibitors (such as Aastrozole/Arimidex or Letrozole/Femara or Exemestane/Romavist)
   - Birth control hormones (pills, patches, implants)

7. Have your menstrual periods stopped permanently? (check one)
   - No
   - Yes, natural menopause
   - Yes, but have them now from taking hormones
   - Y es, surgical procedure
   - Y es, other reason
   - Not sure
   - IF YES, age at last period: __ __ years old

8. Have you 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
   - Not sure

9. Have you given birth?
   - No
   - Yes
   - IF YES: How old were you when your first child was born? __ __ years old

10. What is your current height? __ feet __ __ inches

11. What is your current weight? __ __ __ pounds

12. Are you of Hispanic, Spanish, or Latino origin?
   - No
   - Yes
   - IF YES: What is your racial or ethnic background?
     - White
     - Black or African American
     - Asian
     - Native Hawaiian or other Pacific Islander
     - Amercan Indian or Alaskan Native
     - Other, describe: ______________________

13. What is your highest level of education you have completed? (check one)
   - Less than high school graduate
   - High school graduate or GED
   - Some college or technical school
   - College or post-college graduate

Thank you for taking time to complete this questionnaire.