

Equipment QC performed as indicated.

Last Name

Grid for last name

First Name

Grid for first name

Middle

Grid for middle name

Maiden Name

Grid for maiden name

Birth Date

Grid for birth date

Social Security Number

Grid for social security number

Zip Code

Grid for zip code

Have you had any of the following breast changes in the last 3 months? (check all that apply)

Table for breast changes with columns for Left, Right, Both and rows for Lump, Nipple Discharge, Pain, Other, No changes

Have you had any of the following breast procedures? (check all that apply)

Table for breast procedures with columns for Left, Right, Both, Date and rows for Fine needle or cyst aspiration, Biopsy, Lumpectomy, Mastectomy, Radiation therapy, Breast reconstruction, Breast reduction, Breast implants, I have not had any of the above procedures

What is the main reason for your visit today? (check one)

- Routine screening, Follow-up to routine screening exam, Concerns about breast problems

Have you ever been diagnosed with breast cancer?

- No, Left breast, Right breast, Both breasts

At what age were you first diagnosed? Grid years old

When was your last mammogram? Date

Grid for date

Where?

I never had a mammogram

Has a health care provider examined your breasts in the last 3 months? No Yes Not sure

Are you currently taking any of the following hormone medications? (check all that apply)

- Hormone replacement therapy (HRT), Tamoxifen, Hormones for birth control, Other hormone, I am not currently taking hormone medication

Have you ever used HRT? No Yes Not sure If so, for how many years? Grid

Have any blood relatives been diagnosed with breast cancer?

Table for blood relatives with columns for Youngest Age and rows for Mother, Sister, Daughter

Have you or a blood relative ever been diagnosed with ovarian cancer? (check all that apply)

- No, Self, Mother, sister or daughter

What is your current height? Grid feet Grid inches

What is your current weight? Grid pounds

Have your menstrual periods stopped permanently? (check one)

- No, Yes, natural menopause, Yes, surgical menopause, Yes, other reason, Not sure

If NO or NOT SURE, when was the first day of your last period?

Grid for last period date

If YES, age at last period: Grid years old

Have you ever given birth? No Yes

IF YES: How old were you when your first child was born? Grid years old

How old were you when you had your first period?

- 12 or younger, 13, 14, 15 or older, Not sure, Never started my period

Are you of Hispanic, Spanish or Latino origin? No Yes

What is your racial or ethnic background? (check all that apply)

- White, Black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, Other, describe:

What is the 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

Our mammography center is working with the Vermont Mammography Registry (VMR) to collect information to better understand the cause, prevention, early detection and treatment of breast cancer. In addition to your personal health care, the following information may be used for quality assurance and research. The VMR may also access follow-up care you receive to evaluate any breast abnormalities. Data may be shared with other investigators doing cancer research. You may be contacted in the future to be invited to participate in research projects. All information will be held in strictest confidence and is protected by a federal certificate of confidentiality. If you do NOT wish to have this information used for research, please check here.

