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. If you do not wish to have your information included in research, please fill in the circle. ◯

Name: ____________ **Date:** ________
Address: ____________ (street)
____________ (city, state, zip)

Correct Mark ● Incorrect Marks ✓ ✗ ◒ ⊙

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 in the *last 3 months*?

	Right breast	Left breast
Lump (new or unusual)	◯	◯
Nipple discharge	◯	◯
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 or daughter ever been diagnosed with breast cancer?

	No	Yes	Was she diagnosed before age 50? Yes
Mother?	◯	◯ →	◯
Sister(s)?	◯	◯ →	◯
Daughter(s)?	◯	◯ →	◯

6 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

7 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*** ovaries 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

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

9 Are you *currently* taking any of the following medications?
◯ Tamoxifen ◯ Hormones for birth control
◯ Raloxifene ◯ None

10 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)*	◯	◯	______

11 How tall are you in feet and inches?
FT.: ③ ④ ⑤ ⑥ ⑦
INCH.: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪

12 How much do you weigh in pounds?
POUNDS: three columns of ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

13 On average, about how many alcoholic drinks do you have per day?
◯ None ◯ About two a day
◯ Less than one or one a day ◯ Three or more a day

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

14 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

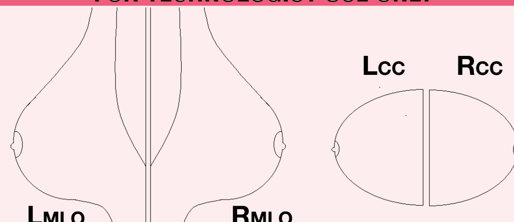
15 How many years of schooling have you had?
◯ Some high school or less
◯ High school graduate
◯ Some college or technical school
◯ College graduate or more

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

Thank You!

PLEASE DO NOT WRITE IN THIS AREA

FOR TECHNOLOGIST USE ONLY



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Daughter(s)?	◯	◯	→ ◯

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