

BREAST PATIENT QUESTIONNAIRE

1. Age: _____
2. At what age did you first begin to have menstrual periods? _____
3. Were your periods regular? _____ Irregular? _____
4. How many times have you been pregnant? _____
5. How many pregnancies came to term? _____
6. What are the ages of your children? _____
7. Did you breast feed your babies? _____
8. Did you develop mastitis or breast infection while breast-feeding: _____
9. At what age did you stop having periods? _____
10. Have you had a hysterectomy? _____ If so, at what age? _____
11. Have you been on oral birth control pills? _____ If so, how long total?

12. Have you ever been on any other female hormones? _____ If so, how long ago?

13. Have you noticed a lump in the breast? _____ If so, how long ago? _____
14. Have you had any discharge look like? _____ (blood, milk, water, etc).
15. Have you noticed lumps elsewhere in your body? _____
16. Have you noticed any change in the skin of either breast? _____
17. Have you ever had mammograms (breast x-ray)? _____
18. Has anyone in your family had breast cancer? _____
If so, who? _____
How old were they when the cancer was diagnosed? _____