The Hawai'i and the Pacific Islands Mammography Registry

Breast Health Questionnaire

Name: _____ Date: _____

DOB: _____ Age: _____ Risk Assessment: _____

1. This visit is for:

O Screening O Diagnostic

2. Racial or ethnic background (fill in all that apply)**:**

O Native Hawaiian	O Filipina
O Other Pacific Islander	O Vietnamese
O Hispanic/Latina	O Chinese
O American Indian	O Japanese
O Caucasian/White	O Korean
O African-American/ Black	O Other: _____

Ashkenazi Jewish descent? O No O Yes

3. When was your last mammogram:

O Less than 1 year	O 4 or more years ago
O 1 to 2 years	O Never
O 2-3 years ago	

Where was it done? _____

4. When was your last breast MRI:

O Less than 1 year	O 4 or more years ago
O 1 to 2 years	O Never
O 2-3 years ago	

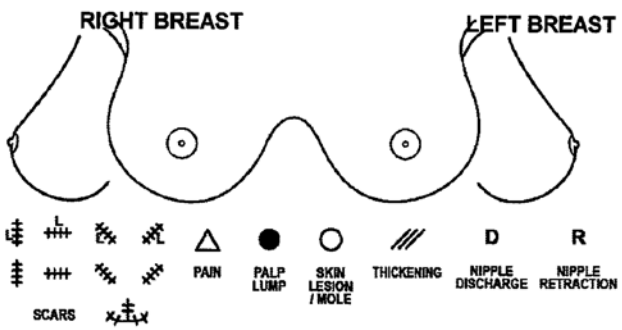
Where was it done? _____

5. Have you noticed any of the following changes in your breast?

	Present Today?		In the last 3 months?	
	Right Breast	Left Breast	Right Breast	Left Breast
Lump (new or unusual)	O	O	O	O
Nipple Discharge (bloody)	O	O	O	O
Pain	O	O	O	O
Other	O	O	O	O

Describe: _____

For technologist use only:



6. Previous Breast Surgery/Procedures

	Right Breast	Left Breast	Date MM/YY
Fine needle aspiration	O	O	
Core needle biopsy	O	O	
Surgical biopsy	O	O	
Lumpectomy for cancer	O	O	
Mastectomy for cancer	O	O	
Radiation therapy	O	O	
Breast reconstruction	O	O	
Breast reduction	O	O	
Breast implants (presently)	O	O	

7. Family History of Breast Cancer:

Have any of the following BLOOD relatives ever been diagnosed with breast cancer?

Blood Relative	No	Yes	Was the diagnosis before age 50? Yes
Mother	O	O	O
Sister(s)	O	O	O
Daughter(s)	O	O	O
Grandmother(s)	O	O	O
Aunt(s)	O	O	O
Male relative	O	O	O

8. Has your mother, sister(s), daughter(s), grandmother(s), or aunt(s) ever been diagnosed with ovarian cancer? *BLOOD relatives only.*

O No O Yes

9. Are you *currently* taking any hormone therapy (female hormones prescribed for women after menopause)?

O No
O Yes, for less than 5 years
O Yes, for more than 5 years

10. At what age did your menstrual periods start?

O <12 O 12 O 13 O 14

O 15 or older O Not sure O Never started my period

11. Has a doctor ever told you that you have breast cancer?

O No O Yes. Age of diagnosis: ___

Which breast(s)?

O Right O Left O Both

12. Have your menstrual periods stopped permanently?

- O No
- O Not sure, periods less frequent
- O Yes: Periods stopped naturally
- O Yes: But now have periods induced by hormones
- O Yes: Uterus removed by surgery
- O Yes: Uterus ***and both*** ovaries removed by surgery
- O Yes: Uterus ***and one*** ovary removed by surgery
- O Yes: Other: _____

If yes, how old were you when your periods stopped?

- O Under age 30
- O 30-39
- O 40-44
- O 45-49
- O 50-54
- O 55 or older

13. Have you ever given birth?

- O No
- O Yes

If yes, how old were you when your first child was born?

- O Under age 20
- O 20-24
- O 25-29
- O 30-39
- O 40 or older

How many live births? _____

14. Have you had a clinical breast exam within the last 3 months?

O No O Yes, *If yes:*

Did your doctor discover a new or unusual lump?

O No O Yes

15. Are you currently taking any of the following medications?

- O Tamoxifen (Nolvadex)
- O Raloxifene (Evista)
- O Anastrozole (Arimidex)
- O Exemestane (Aromasin)
- O Letrozole (Femara)
- O Hormones for birth control
- O None

16. Height

Feet	Inches
	O 0
	O 1
	O 2
O 3	O 3
O 4	O 4
O 5	O 5
O 6	O 6
O 7	O 7
	O 8
	O 9
	O 10
	O 11

17. Weight

Pounds		
O 0	O 0	O 0
O 1	O 1	O 1
O 2	O 2	O 2
O 3	O 3	O 3
O 4	O 4	O 4
O 5	O 5	O 5
O 6	O 6	O 6
O 7	O 7	O 7
O 8	O 8	O 8
O 9	O 9	O 9

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

18. How many years of schooling have you had?

- O Some high school or less
- O High school graduate or GED
- O Some college or technical school
- O College graduate or more

19. Was there a time in the past 12 months when you needed to get health care but couldn't?

- O No
- O Yes

If yes, what were the main reasons? (fill in all that apply)

- O Family, school, or work responsibilities
- O Cost of care or insurance coverage
- O Travel or transportation
- O Other: _____

20. Are you willing to be contacted in the future to be invited to participate in studies related to breast health?

- O Yes
- O No

Thank you!

Technologist's Notes:_____

_____

_____

_____

Patient Signature: _____

Technologist: _____