

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Breast Cancer Risk Assessment Questionnaire**

How old were you when you started having periods? \_\_\_\_\_ When was your last period? \_\_\_\_\_  
Are your menstrual periods regular? Yes or No  
Have you undergone menopause? Yes or No When? \_\_\_\_\_  
Did you have a hysterectomy? Yes or No When? \_\_\_\_\_  
Have you ever taken hormones for menopause symptoms? Yes or No How many years? \_\_\_\_\_

**Reproductive History**

Have you ever used oral contraceptives? Yes or No How long? \_\_\_\_\_  
Are you presently taking oral contraceptives? Yes or No  
Have you ever been pregnant? Yes or No How many times? \_\_\_\_\_  
How many delivered? \_\_\_\_\_ Miscarriages? \_\_\_\_\_ terminations? \_\_\_\_\_  
How old were you when your first child was born? \_\_\_\_\_  
Did you breast feed your child(ren)? Yes or No How long? \_\_\_\_\_  
Have you ever taken medication for infertility? Yes or No How long? \_\_\_\_\_  
Have you had a recent pap smear? Yes or No When? \_\_\_\_\_

**Self-Breast Exam**

Have you ever had a breast lump that you could feel? Yes or No Breast Cysts? Yes/No  
Have you ever had a biopsy? Yes or No Breast Surgery? Yes/No  
Do you do breast self-exams? Yes or No  
Do you have pain in either breast? Yes or No  
Have you had bleeding or discharge from either nipple? Yes or No  
Have you noticed any changes in your breasts? Yes or No

**Family History**

Ashkenazi Jewish Heritage? Yes or No  
Is there a known breast cancer mutation in the family? Yes or No

**Breast Cancer – (Other Cancer (type if known))**

**Other Diseases**

**Maternal**

Mother Y or N \_\_\_\_\_ / \_\_\_\_\_  
Grandmother/Grandfather Y or N \_\_\_\_\_ / \_\_\_\_\_  
Aunts/Uncles Y or N \_\_\_\_\_ / \_\_\_\_\_  
Cousins Y or N \_\_\_\_\_ / \_\_\_\_\_

**Paternal**

Father Y or N \_\_\_\_\_ / \_\_\_\_\_  
Grandmother/Grandfather Y or N \_\_\_\_\_ / \_\_\_\_\_  
Aunts/Uncles Y or N \_\_\_\_\_ / \_\_\_\_\_  
Cousins Y or N \_\_\_\_\_ / \_\_\_\_\_

**Siblings**

Sisters Y or N \_\_\_\_\_ / \_\_\_\_\_  
Brothers Y or N \_\_\_\_\_ / \_\_\_\_\_

**Children**

Daughters Y or N \_\_\_\_\_ / \_\_\_\_\_  
Sons Y or N \_\_\_\_\_ / \_\_\_\_\_