

Breast Density Consult Questionnaire

Name: _____ DOB: ____/____/____ Age: _____

Height: _____ Weight: _____

Please circle Yes or No if applicable and answer any other questions.

How old were you when you got your first menstrual period? _____

Have you had children? Yes No How old were you at your first delivery? _____

Have you had a breast biopsy? Yes No When? _____ What were the results? _____

Are you having periods? Yes No Age at menopause? (if applicable): _____

Did you use hormone therapy after menopause? Yes No If so, what was it? _____

How long did you use it? _____ Are you using it at present? Yes No

Has anyone in your family ever been tested for a genetic defect related to cancer? Yes No

Do you have any Jewish ancestry? Yes No

Is your mom alive? Yes No If so, her age: _____ If not, her age at death: _____

Did she have breast or ovarian cancer? Yes No Age at diagnosis: _____

How many sisters do you have? _____ Ages: _____

Have any of them had breast or ovarian cancer? Yes No Age at diagnosis: _____

Is your paternal grandmother alive? Yes No If so, her age: _____ If not, her age at death: _____

Did she have breast or ovarian cancer? Yes No Age at diagnosis: _____

Is your Maternal Grandmother alive? Yes No If so, her age: _____ If not, her age at death: _____

Did she have breast or ovarian cancer? Yes No Age at diagnosis: _____

Do you have any paternal aunts? Yes No How many? _____ Ages: _____

Have any of them had breast or ovarian cancer? Yes No Age at diagnosis: _____

Do you have any maternal aunts? Yes No How many? _____ Ages: _____

Have any of them had breast or ovarian cancer? Yes No Age at diagnosis: _____

Do you have any daughters? Yes No How many? _____ Ages: _____

Have any of them had breast or ovarian cancer? Yes No Age at diagnosis: _____

Do you have any half-sisters (same mother or father)? Yes No How many? _____ Ages: _____

Have any of them had breast cancer? Yes No Age at diagnosis: _____

Do you have any cousins or nieces with breast cancer? Yes No Age at diagnosis: _____

Have any men in your family ever been diagnosed with breast cancer? Yes No