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# Breast Health Questionnaire

**Have you experienced any of the following?** If yes, please describe.

- ☐ Skin Changes
- ☐ Breast Lump(s)
- ☐ Nipple discharge
- ☐ Breast Pain
- ☐ Abnormal imaging
- ☐ Enlarged Lymph node
- ☐ Other

Description:_____

_____

**Prior to this time, have you previously had a…?**

- ☐ Breast biopsy
- ☐ Abnormal mammogram

**Have you ever been treated for breast cancer?** If so, what treatments did you receive?

- ☐ Non-applicable
- ☐ Lumpectomy
- ☐ Mastectomy
- ☐ Breast reconstruction
- ☐ Sentinel lymph node biopsy
- ☐ Axillary lymph node biopsy
- ☐ Radiation therapy
- ☐ Chemotherapy
- ☐ Anti-hormonal therapy

## Reproductive and Gynecologic History

| | | | |
|---|---|---|---|
| Age you started your period: | | # of pregnancies: | |
| Age of menopause (if applicable): | | # of live births: | |
| Have you ever used hormone replacement therapy? If yes, for how long? | | # of miscarriages: | |
| Have you ever used birth control? If yes, for how long? | | Age at first pregnancy: | |

## Any family members diagnosed with cancer in your family? E.g. Breast or ovarian cancer

| Type of Cancer | Relationship to you | Age at diagnosis |
|---|---|---|
| | | |