



# Mammography Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Previous last name by which you may have had a Mammogram (if applicable) : \_\_\_\_\_

Have you received the COVID-19 vaccine? **Yes** **No**

If yes: Date of first injection: \_\_\_\_\_ Arm (circle one): **Left** **Right**

Date of second injection (if applicable): \_\_\_\_\_ Arm (circle one): **Left** **Right**

Date of Booster (if applicable): \_\_\_\_\_ Arm (circle one): **Left** **Right**

Who ordered your mammogram? \_\_\_\_\_ Who is your primary care provider? \_\_\_\_\_

Is this a routine mammogram (no symptoms)? **Yes** **No**

If no, describe symptoms: \_\_\_\_\_

Do you have a lump? **Yes** **No** If yes, **left** or **right** How long? (ex. 2 months) \_\_\_\_\_

Have you had a previous mammogram? **Yes** **No** If not with us, which facility: \_\_\_\_\_

Current Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ ft \_\_\_\_\_ in. Ethnicity: \_\_\_\_\_

Do you have breast implants? **Yes** **No** If yes, which side: **Left** **Right** **Bilateral**

Any previous breast surgery? **Yes** **No** If yes, what: \_\_\_\_\_

When: \_\_\_\_\_ Which Breast: **Left** **Right** **Bilateral**

Age of your first period: \_\_\_\_\_ Have you gone through menopause? **Yes** **No** If yes, at what age: \_\_\_\_\_

Any chance you could be pregnant at the time of your Mammography? **Yes** **No**

Have you given birth to one or more children? **Yes** **No** If yes, age at first live birth: \_\_\_\_\_

Any personal history of Breast Cancer? **Yes** **No** If yes, which breast: **Left** **Right** **Bilateral**

Date Diagnosed: \_\_\_\_\_ Type of Cancer: \_\_\_\_\_

Have you ever been diagnosed with Ovarian Cancer? **Yes** **No** If yes, age at diagnosis: \_\_\_\_\_

Any Hormone Replacement Therapy Usage?

**Never** **Current User** **Stopped use 5 or more years ago** **Stopped use less than 5 years ago**

If NOT a current user, how many years ago did you last use HRT? Unknown \_\_\_\_\_ Years

Estrogen only or combined treatment? Unknown Estrogen Only Combined

Length (in years) of HRT use: Unknown \_\_\_\_\_ Years

If you are a current user, how long do you intend on using HRT? Unknown \_\_\_\_\_ Years

Do you have a mutation in the BRCA1 or BRCA2 gene? **Unknown** **Tested Normal** **BRCA1+** **BRCA2+**

Have you ever had a breast biopsy? **No prior biopsy** **Prior biopsy, result unknown**

**Hyperplasia (not atypical)** **Atypical Hyperplasia** **Lobular Carcinoma in Situ (LCIS)**

How many breast biopsies including negative results have you had? \_\_\_\_\_

Ashkenazi Inheritance? **Yes** **No** (*Eastern European Jewish decent*)

(please turn over to continue form)

## Mammography Questionnaire

### Family History of Breast or Ovarian Cancer **\*\*\*including 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree relatives\*\*\***

1. Who (ex. mother, paternal aunt, etc.) \_\_\_\_\_

Current age or age at death: \_\_\_\_\_ Age when diagnosed: \_\_\_\_\_

Breast Cancer      **Yes**    **No**                      Ovarian Cancer      **Yes**    **No**

If it was breast cancer, which breast was the cancer located?      **Right**    **Left**    **Both**

If diagnosed with bilateral breast cancer, age at second diagnosis: \_\_\_\_\_

BRCA Gene:    **Unknown**    **Tested Normal**    **BRCA1+**    **BRCA2+**

2. Who (ex. mother, paternal aunt, etc.) \_\_\_\_\_

Current age or age at death: \_\_\_\_\_ Age when diagnosed: \_\_\_\_\_

Breast Cancer      **Yes**    **No**                      Ovarian Cancer      **Yes**    **No**

If it was breast cancer, which breast was the cancer located?      **Right**    **Left**    **Both**

If diagnosed with bilateral breast cancer, age at second diagnosis: \_\_\_\_\_

BRCA Gene:    **Unknown**    **Tested Normal**    **BRCA1+**    **BRCA2+**

3. Who (ex. mother, paternal aunt, etc.) \_\_\_\_\_

Current age or age at death: \_\_\_\_\_ Age when diagnosed: \_\_\_\_\_

Breast Cancer      **Yes**    **No**                      Ovarian Cancer      **Yes**    **No**

If it was breast cancer, which breast was the cancer located?      **Right**    **Left**    **Both**

If diagnosed with bilateral breast cancer, age at second diagnosis: \_\_\_\_\_

BRCA Gene:    **Unknown**    **Tested Normal**    **BRCA1+**    **BRCA2+**