

## BREAST EXAMINATION QUESTIONNAIRE

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

### Breast History

What kind of problem are you now having with your breasts?

Have you ever had any kind of breast problem before? \_\_\_\_\_ If "Yes," please explain:

Have you ever had a lump in your breast? \_\_\_\_\_ If "Yes," when?

Have you ever had any discharge from the nipple? \_\_\_\_\_ If "Yes," when?

Have you ever noted any dimpling of the skin of the breast? \_\_\_\_\_

Have you ever noted any scaliness of the skin of the nipple? \_\_\_\_\_

Have you ever had a mammogram? \_\_\_\_\_ If "Yes," please list dates and any abnormalities:

Have you ever had a breast biopsy or aspiration? \_\_\_\_\_ If "Yes," please list dates and any abnormalities:

Do your breasts become tender or engorged during your periods? \_\_\_\_\_

Have you ever had a breast infection or severe trauma to the breast? \_\_\_\_\_

### Menstrual History

Age when you first began having periods? \_\_\_\_\_

Age when you ceased to have periods (Menopause)? \_\_\_\_\_

Date you began your most recent menstrual period? \_\_\_\_\_

### Pregnancy History

Number of Pregnancies? \_\_\_\_\_ Number of Births? \_\_\_\_\_

Your age at time of your first pregnancy? \_\_\_\_\_

Have you recently been pregnant or breast feeding? \_\_\_\_\_

### Hormone Treatment

Have you ever used birth control pills? \_\_\_\_\_ If "Yes," when and how long?

Have you ever taken Premarin or other Estrogen? \_\_\_\_\_

### Family History

State relationship of any family members who have had breast cancer. (Include sisters, parents, grandmothers, aunts).

Relationship of any family members with non-cancerous breast problems.

### Gynecologic History

Have you ever had any gynecologic problems?

Have you ever had any gynecologic surgery? \_\_\_\_\_ If "Yes," what kind? (D&C, Hysterectomy, Removal of Ovaries?)