1. Have you had any of the following breast changes in the last 3 months? (check all that apply) Left Right
- Lump
- Nipple discharge
- Pain
- Other, describe: ____________________________
- No changes

2. When was your last mammogram? Where?
Date: ___ / ___ / ___
Where? _____________
- I have never had a mammogram

3. Have you ever had any of the following breast procedures? (check all that apply) Left Right Date
- Cyst aspiration
- Fine needle aspiration
- Biopsy
- Lumpectomy (for breast cancer)
- Mastectomy
- Radiation therapy
- Breast reconstruction
- Breast reduction
- Breast implants (still present)
- I have not had any of the above procedures

4. Have you ever been diagnosed with breast cancer?
- No
- Left Breast
- Right Breast
If yes, at what age were you first diagnosed? ___ years old

5. Please list any other types of cancer that you have had:

6. What is the main reason for your visit today?
- Routine screening
- Follow-up to routine screening exam
- Concerns about breast problems

7. Have your mother, sister(s), daughter(s), aunt(s), grandmother(s), or any male relative(s) ever been diagnosed with breast cancer?
Please answer for BLOOD relatives only.
- No (Skip to question 8)
- Yes (please fill out table)
- Don’t know

<table>
<thead>
<tr>
<th>Relative</th>
<th>No</th>
<th>Yes</th>
<th>Was the diagnosis before age 50?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
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<tr>
<td>Sister(s)</td>
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<td>Daughter(s)</td>
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<tr>
<td>Grandmother(s)</td>
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<tr>
<td>Aunt(s)</td>
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<tr>
<td>Male relative(s)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

8. Has your mother, sister(s), daughter(s), grandmother(s), or aunt(s) ever been diagnosed with ovarian cancer?
Please answer for BLOOD relatives only.
- No
- Yes
- Don’t know

9. Are you currently taking any of the following hormone medications? (check all that apply)
- No
- Yes
- Tamoxifen (Nolvadex, Istdabul, Valodex)
- Raloxifene (Evista)
- Aromatase inhibitors (Anastraizole/Arimidex, Letrozole/Femara or Exemestane/Aromasin)
- Birth control hormones (pills, patches, implants, or injections)

Please continue on other side --> 9650445980
10. Are you currently taking Hormone Therapy?  
(Female hormones prescribed after menopause, including pills, patches, injections, creams, or vaginal rings such as Premarin, Prempro, CombiPatch, Premphase, Activella, FemHRT, Estring)  
- No  
- Yes

11. What is your current height?  
- [ ] feet  
- [ ] inches

12. What is your current weight?  
- [ ] pounds

13. Have your menstrual periods stopped permanently?  
(check one)  
- No  
- Not sure  
If No or Not sure, when was the first day of your last period?  
- [ ] / [ ] / [ ]

- Yes, natural menopause  
- Yes, but have them now from taking hormones  
- Yes, uterus removed by surgery  
- Yes, uterus and both ovaries removed by surgery  
- Yes, uterus and one ovary removed by surgery  
- Yes, other reason: [ ]

If yes, what was your age when you had your last period?  
- [ ] years old

14. Research  
Our mammography center is working with the Vermont Mammography Registry (VMR) to collect information to better understand the cause, prevention, early detection and treatment of breast cancer. In addition to your personal health care, this information may be used for quality assurance and research. The VMR may also access follow-up care you receive to evaluate any breast abnormalities. Data may be shared with other investigators doing cancer research. You may be contacted in the future to be invited to participate in research projects. All information will be held in strictest confidence and is protected by a federal certificate of confidentiality. If you do NOT wish to have this information used for research, please check here. [ ]

15. What is the highest level of education you have completed?  
(check one)  
- Less than high school graduate  
- High school graduate or GED  
- Some college or technical school  
- College or post-college graduate

16. Have you ever given birth?  
- No  
- Yes  
If YES, how old were you when your first child was born?  
- [ ] years old

17. How old were you when you had your first period?  
- [ ] years old  
- Not sure  
- Never started my period

The National Cancer Institute wants to improve care for underserved populations.

18. Are you of Hispanic, Spanish, or Latino origin?  
- No  
- Yes

19. What is your racial or ethnic background?  
(check all that apply)  
- White  
- Black or African American  
- Asian  
- Native Hawaiian or other Pacific Islander  
- American Indian or Alaska Native  
- Other, describe: [ ]