

## NCI QUESTIONNAIRE – RISK OF BREAST CANCER

1. How old were you when you had your first period? \_\_\_\_\_ years

2. How old were you when you had your first live birth of a child? \_\_\_\_\_ years

3. Do you have a history of any of the following?

- |   |  |
|---|--|
| <input type="radio"/> Breast cancer?                        | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> Ductal carcinoma in situ?             | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> Lobular carcinoma in situ?            | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> Hodgkin lymphoma of the chest?        | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> BRCA1 or BRCA 2 gene?                 | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> Any genetic syndrome?                 | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> A breast biopsy?                      | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| <input type="radio"/> How many biopsies have you had?       | _____  |
| <input type="radio"/> Did biopsy show atypical hyperplasia? | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |

4. How many first degree relatives (mother, sisters, daughters only) have had breast cancer?

\_\_\_\_\_

5. What is your race/ethnicity? (Apologies for asking this question)

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