

All equipment in contact with patient disinfected.

University of Vermont Medical Center

Date _____

First Name (Please Print)

Grid for entering first name

Middle Initial

Grid for entering middle initial

Birth Date

Grid for entering birth date (MM/DD/YY)

Last Name

Grid for entering last name

Social Security Number (last four only)

Grid for entering last four digits of SSN (000-00-)

Maiden Name

Grid for entering maiden name

Zip Code

Grid for entering zip code

800

1. Have you had any of the following breast changes in the last 3 months? (check all that apply)

- | | | |
|----------------------------------|-----------------------|-----------------------|
| | Left | Right |
| Lump | <input type="radio"/> | <input type="radio"/> |
| Nipple discharge | <input type="radio"/> | <input type="radio"/> |
| Pain | <input type="radio"/> | <input type="radio"/> |
| Other, describe: _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> No changes | | |

2. When was your last mammogram?

Date: [] [] / [] [] [] []
month / year

Where?

Grid for entering location

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 | <input type="radio"/> | <input type="radio"/> | _____ |
| Fine needle aspiration | <input type="radio"/> | <input type="radio"/> | _____ |
| Biopsy | <input type="radio"/> | <input type="radio"/> | _____ |
| Lumpectomy (for breast cancer) | <input type="radio"/> | <input type="radio"/> | _____ |
| Mastectomy | <input type="radio"/> | <input type="radio"/> | _____ |
| Radiation therapy | <input type="radio"/> | <input type="radio"/> | _____ |
| Breast reconstruction | <input type="radio"/> | <input type="radio"/> | _____ |
| Breast reduction | <input type="radio"/> | <input type="radio"/> | _____ |
| Breast implants (still present) | <input type="radio"/> | <input type="radio"/> | _____ |
| <input type="radio"/> 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

If yes, please fill out this table	Was the diagnosis before age 50?	
	No	Yes
Mother	<input type="radio"/>	<input type="radio"/>
Sister(s)	<input type="radio"/>	<input type="radio"/>
Daughter(s)	<input type="radio"/>	<input type="radio"/>
Grandmother(s)	<input type="radio"/>	<input type="radio"/>
Aunt(s)	<input type="radio"/>	<input type="radio"/>
Male relative(s)	<input type="radio"/>	<input type="radio"/>

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, Istabul, Valodex*)
- No Yes Raloxifene (*Evista*)
- No Yes Aromatase inhibitors (*Anastrozole/Arimidex, Letrozole/Femara or Exemestane/Aromasin*)
- No Yes Birth control hormones (*pills, patches, implants, or injections*)

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? / /

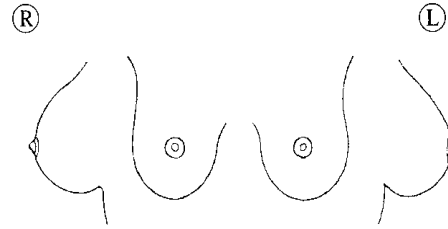
- Yes, natural menopause
 Yes, but have them now from taking hormones
 Yes, uterus removed by surgery
 Yes, uterus **and both** ovaries removed by surgery
 Yes, uterus **and one** ovary removed by surgery
 Yes, other reason:

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.

Technologist Use Only



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: