

Breast Cancer Risk Survey

Patient Name: _____ Date: _____

Patient Instructions:

While you are waiting to see the physician, we ask that you complete the survey below. It will help us to assess your risk for developing breast cancer. Thank you.

Have you ever had breast cancer? Yes ? No ?

If you checked "yes," you have completed this survey. Please give the survey to your health care provider

1. Have you ever had a breast biopsy that showed lobular carcinoma in situ (LCIS) or ductal carcinoma in situ (DCIS)? Yes No or Don't Know
2. How old are you? _____
3. How old were you when you had your first menstrual period? _____
4. How old were you when your first child was born? _____
(If you never had a child, enter "0.")
5. How many of your sisters, daughters, or mother have had breast cancer? _____
6. Have you ever had a breast biopsy? (A breast biopsy is when the doctor removes tissue from your breast to test for cancer.) Yes No Don't know
 - 6a. If yes, how many breast biopsies have you had? _____
 - 6b. Did the doctor ever tell you that one of your biopsies showed atypical hyperplasia (a precancerous condition)? Yes No Don't know
7. What is your race? White Black Asian

Thank you for completing this survey. Please give the survey to your health care provider. The doctor will discuss the results with you.