



## MAMMOGRAPHY QUESTIONNAIRE PATIENT INFORMATION

Date: \_\_\_\_\_

Full Name and Surname: \_\_\_\_\_ Age: \_\_\_\_\_

Is this your first mammogram? \_\_\_\_\_

### Should you have had previous mammograms:

When was your last mammogram? \_\_\_\_\_

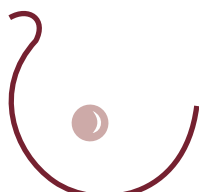
Have you brought your previous mammogram along with you for comparison? \_\_\_\_\_

### History:

1. Have you had a hysterectomy? \_\_\_\_\_ If so, at what age? \_\_\_\_\_
2. Are you taking hormone replacement? \_\_\_\_\_ If so, for how long? \_\_\_\_\_
3. Do you consume any caffeine? \_\_\_\_\_
4. Do you smoke? \_\_\_\_\_
5. Do you drink alcohol? \_\_\_\_\_ If so, how many units a week? \_\_\_\_\_
6. Have you had any recent injury to your breasts? \_\_\_\_\_ If so, when? \_\_\_\_\_
7. How many pregnancies did you have **before** 30? \_\_\_\_\_ and after 30? \_\_\_\_\_
8. How many children do you have? \_\_\_\_\_
9. Did you breastfeed? \_\_\_\_\_ For how long? \_\_\_\_\_
10. Have you ever had mastitis (milk fever)? \_\_\_\_\_
11. Do you have relatives with breast cancer? \_\_\_\_\_ If so, who? \_\_\_\_\_
12. Have you had previous breast surgery (eg: reduction, augmentation, mastectomy, and lumpectomy)? \_\_\_\_\_  
If so, when was the surgery? \_\_\_\_\_
13. Have you ever had a previous biopsy or aspiration? \_\_\_\_\_ If so, when? \_\_\_\_\_ Which side? \_\_\_\_\_

### Are you aware of:

- Lumps? \_\_\_\_\_ On which side? \_\_\_\_\_
- Discomfort or pain? \_\_\_\_\_ On which side? \_\_\_\_\_
- Skin or nipple retraction or thickening? \_\_\_\_\_ On which side? \_\_\_\_\_
- Nipple discharge? \_\_\_\_\_ On which side? \_\_\_\_\_
- Swelling / discomfort in armpit? \_\_\_\_\_ On which side? \_\_\_\_\_



Right



Left



LUMP



SCAR



SKIN LESION  
(e.g. mole)