

Longmont Clinic

Breast Cancer Risk Survey

Patient's name _____ Date _____

*The survey below will help us assess your risk for developing breast cancer.
Thank you.*

1. Have you ever had breast cancer?
YES NO
2. Have you ever had a breast biopsy that showed lobular carcinoma in situ (LCIS) or ductal carcinomas in situ (DCIS)
YES NO DON'T KNOW
3. How old were you when you had your first menstrual period? _____
4. How many pregnancies have you had? _____ How many deliveries? _____
How many miscarriages? _____ How many abortions? _____
How old were you when your first child was born? (if you have never had a child please put "o") _____
How old were you when you had your last child? _____
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
If YES, how many breast biopsies have you had? _____
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?
CAUCASIAN AFRICAN AMERICAN HISPANIC ASIAN
8. Are your periods?
REGULAR, IRREGULAR, OR NOT APPLICABLE
9. When was your last period? _____
10. Do you experience hot flashes?
YES NO

GAIL RISK
Five years _____
Lifetime _____

