

## Questionnaire Definition report

Question Identifier	Question text	Type	Choice	Choice identifier
1	In which breast were you diagnosed with DCIS (ductal carcinoma in situ)?	Radio	Left	43
			Right	44
			Both	45
			Don't know	46
2	How old were you when you were first diagnosed with DCIS (ductal carcinoma in situ)?	Numeric		
3	How old were you when you were first diagnosed with DCIS (ductal carcinoma in situ) in your other breast?	Numeric		
4	At about what age did your mother have DCIS (ductal carcinoma in situ)?	Radio	Under age 50	98
			50 - 60	99
			Older than 60	100
			Don't know	101
5	Have any of your sisters ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	109
			Yes - ductal carcinoma in situ (DCIS)	110
			Yes - but I don't know what kind of breast cancer	111
			No	112
			Don't know	113
6	How many sisters have ever been diagnosed with DCIS (ductal carcinoma in situ)?	Radio	1	114
			2	115
			3 or more	116
			Don't know	117
	At about what age did your sister(s) have DCIS			

7	(if more than one sister had DCIS, please select youngest age of diagnosis)?	Radio	Under age 50	122
			50 - 60	123
			Older than 60	124
			Don't know	125
8	Have any of your daughters ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	130
			Yes - ductal carcinoma in situ (DCIS)	131
			Yes - but I don't know what kind of breast cancer	132
			No	133
			Don't know	134
9	How many of your daughters have ever been diagnosed with DCIS (ductal carcinoma in situ)?	Radio	1	135
			2	136
			3 or more	137
			Don't know	138
10	At about what age did your daughter(s) have DCIS (if more than one daughter had DCIS, please select youngest age of diagnosis)?	Radio	Under age 50	139
			50 - 60	140
			Older than 60	141
			Don't know	142
11	At about what age did your maternal grandmother have DCIS (ductal carcinoma in situ)?	Radio	Under age 50	156
			50 - 60	157
			Older than 60	158
			Don't know	159
12	Has your paternal grandmother (your father's mother) ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	164

			Yes - ductal carcinoma in situ (DCIS)	165
			Yes - but I don't know what kind of breast cancer	166
			No	167
			Don't know	168
13	At about what age did your paternal grandmother have DCIS (ductal carcinoma in situ)?	Radio	Under age 50	169
			50 - 60	170
			Older than 60	171
			Don't know	172
14	At about what age did your paternal grandmother have breast cancer?	Radio	Under age 50	173
			50 - 60	174
			Older than 60	175
			Don't know	176
15	Have any of your maternal aunts (mother's sisters) ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	177
			Yes - ductal carcinoma in situ (DCIS)	178
			Yes - but I don't know what kind of breast cancer	179
			No	180
			Don't know	181
16	How many of your maternal aunts (mother's sisters) have been diagnosed DCIS (ductal carcinoma in situ)?	Radio	1	182
			2	183
			3 or more	184
			Don't know	185
17	At about what age did your maternal aunt(s) have DCIS (if more than one maternal aunt had DCIS, select youngest age of diagnosis)?	Radio	Under age 50	186
			50 - 60	187

			Older than 60	188
			Don't know	189
18	Have any of your paternal aunts (father's sisters) ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	198
			Yes - ductal carcinoma in situ (DCIS)	199
			Yes - but I don't know what kind of breast cancer	200
			No	201
			Don't know	202
19	How many of your paternal aunts (father's sisters) have been diagnosed with DCIS (ductal carcinoma in situ)?	Radio	1	203
			2	204
			3 or more	205
			Don't know	206
20	At about what age did your paternal aunt(s) have DCIS (if more than one paternal aunt had DCIS, select youngest age of diagnosis)?	Radio	Under age 50	207
			50 - 60	208
			Older than 60	209
			Don't know	210
21	Do you know what type of gene mutation you have:	Multiselect	BRCA1	246
			BRCA2	247
			P53	248
			PTEN	249
			CDH1	250
			SNPs	251
			CHEK2	252
			Gene variant	253
			Other	254
			Don't know	255
22	Do you know what type of gene mutation your relative(s) have:	Multiselect	BRCA1	262

			BRCA2	263
			P53	264
			PTEN	265
			CDH1	266
			SNPs	267
			CHEK2	268
			Gene variant	269
			Other	270
			Don't know	271
23	Have you ever given birth?	Radio	Yes	272
			No	273
24	When did you get breast implants in your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
25	When did you get breast implants in your LEFT breast? (Date can be estimated if exact date is not known)	Date		
26	What is your height in feet (inches will be asked in the next question)?	Radio	3 feet	396
			4 feet	397
			5 feet	398
			6 feet	399
			7 feet	400
			8 feet	401
27	What is your current height in inches?	Radio	0 inches	402
			1 inch	403
			2 inches	404
			3 inches	405
			4 inches	406
			5 inches	407
			6 inches	408
			7 inches	409
			8 inches	410
			9 inches	411
			10 inches	412
			11 inches	413
	What is your current			

28	weight in pounds?	Numeric		
29	On average, how many alcoholic drinks do you have per day?	Radio	None	414
			Less than one or one a day	415
			About two a day	416
			Three or more a day	417
200	Extended Family History	Family History		
201	Were any of your relatives positive for a gene mutation (e.g., BRCA1, BRCA2, gene variant, etc.):	Radio	Yes	259
			No	260
			Don't know	261
231	Were your ovaries removed at the same time?	Radio	Yes - same time	321
			No - different times	322
			Don't know	323
1145	What is your gender?	Radio	Male	1
			Female	2
1147	Do you have any Jewish ancestry in your family?	Radio	Yes - only on my father's side	453
			Yes - only on my mother's side	454
			Yes - on both sides	455
			Yes - not sure which side of my family	456
			Don't know	457
			No	458
1148	What is your racial / ethnic background?	Multiselect	Black or African American	459
			White	460
			Asian	461
			American Indian or Alaska Native	462
			Native Hawaiian or Other Pacific Islander	463
			Some other race	464
			Don't know	465
			Refused	466
1149	What is your ASIAN background?	Multiselect	Chinese	469
			Filipino	470
			Asian Indian	471

			Japanese	472
			Korean	473
			Vietnamese	474
			Other Asian	475
			Don't know	521
1150	What is your PACIFIC ISLANDER background?	Multiselect	Native Hawaiian	476
			Samoan	477
			Guamanian or Chamorro	478
			Other Pacific Islander	479
			Don't know	522
1151	Are you of Hispanic, Latino or Spanish origin or ancestry?	Radio	No, not of Hispanic, Latino or Spanish origin	480
			Yes - Mexican, Mexican American, or Chicano	481
			Yes - Puerto Rican	482
			Yes - Cuban	483
			Yes - other Hispanic, Latino, or Spanish origin	484
			Don't know	519
			Refused	520
1152	How many years of schooling have you had?	Radio	Some high school or less	487
			High school graduate	488
			Some college or technical school	489
			College graduate or more	490
1153	What best describes your current marital status?	Radio	Married	491
			Widowed	492
			Living with a partner in a marriage-like relationship	493
			Never married	494
			Divorced	495
			Separated	496
1154	Has a doctor ever told you that you have breast cancer?	Multiselect	Yes - invasive breast cancer	36
			Yes - ductal carcinoma in situ (DCIS)	37
			Yes - but I don't know what kind of breast cancer	39
			No	40

			Don't know	42
1155	In which breast were you diagnosed with breast cancer?	Radio	Left	47
			Right	48
			Both	49
			Don't know	50
1156	How old were you when you were first diagnosed with breast cancer?	Numeric		
1157	How old were you when you were first diagnosed with breast cancer in your other breast?	Numeric		
1158	What was your PR (Progesterone Receptor) status for the breast cancer in your RIGHT breast?	Radio	Positive	59
			Negative	60
			Not tested	61
			Don't know	62
1159	What was your PR (Progesterone Receptor) status for the breast cancer in your LEFT breast?	Radio	Positive	63
			Negative	64
			Not tested	65
			Don't know	66
1160	What was your ER (Estrogen Receptor) status for the breast cancer in your RIGHT breast?	Radio	Positive	51
			Negative	52
			Not tested	53
			Don't know	54
1161	What was your ER (Estrogen Receptor) status for the breast cancer in your LEFT breast?	Radio	Positive	55
			Negative	56
			Not tested	57
			Don't know	58
	Have you had any of the			



1162	following breast procedures on your RIGHT breast?	Multiselect	Fine Needle Aspiration (FNA)	364
			Core biopsy	365
			Surgical biopsy	366
			Lumpectomy for cancer	367
			Mastectomy	368
			Radiation Therapy	369
			Breast reconstruction	370
			Breast reduction	371
			Implants	372
			None of the above	373
			Don't know	374
1163	When did you have your FIRST fine needle aspiration (FNA) on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1164	When did you have your FIRST core biopsy on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1165	When did you have your FIRST surgical biopsy on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1166	When did you have a lumpectomy for cancer on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1167	When did you have a mastectomy on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1168	When did you COMPLETE radiation therapy on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		

1169	When did you have breast reconstruction on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1170	When did you have breast reduction on your RIGHT breast? (Date can be estimated if exact date is not known)	Date		
1171	Have you had any of the following breast procedures on your LEFT breast?	Multiselect	Fine Needle Aspiration (FNA)	375
			Core biopsy	376
			Surgical biopsy	377
			Lumpectomy for cancer	378
			Mastectomy	379
			Radiation Therapy	380
			Breast reconstruction	381
			Breast reduction	382
			Implants	383
			None of the above	384
			Don't know	385
1172	When did you have your FIRST fine needle aspiration (FNA) on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1173	When did you have your FIRST core biopsy on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1174	When did you have your FIRST surgical biopsy on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1175	When did you have a lumpectomy for cancer on your LEFT breast?	Date		

	(Date can be estimated if exact date is not known)			
1176	When did you have a mastectomy on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1177	When did you COMPLETE radiation therapy on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1178	When did you have breast reconstruction on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1179	When did you have breast reduction on your LEFT breast? (Date can be estimated if exact date is not known)	Date		
1182	Have you ever had a mammogram?	Radio	Yes	3
			No	4
			Don't know	5
1183	When was your last mammogram?	Radio	Less than 1 year ago	6
			1 to 2 years ago	7
			2 to 3 years ago	8
			4 or more years ago	9
1184	Please list medical facility, city and state where your last mammogram was done:	String		
1185	Have you had a clinical breast exam within the last 3 months (done by a clinician)?	Radio	Yes	10
			No	11
			Don't know	12
1186	Did your clinician discover a new or unusual lump?	Radio	Yes	13
			No	14

			Don't know	15
1187	Have you noticed any of the following changes in your RIGHT breast that are PRESENT TODAY?	Multiselect	Lump (new or unusual)	26
			Nipple discharge	27
			Pain	28
			Other	29
			None of the above	30
1188	Have you noticed any of the following changes in your LEFT breast that are PRESENT TODAY?	Multiselect	Lump (new or unusual)	31
			Nipple discharge	32
			Pain	33
			Other	34
			None of the above	35
1189	Have you noticed any of the following changes in your RIGHT breast in the LAST 3 MONTHS?	Multiselect	Lump (new or unusual)	16
			Nipple discharge	17
			Pain	18
			Other	19
			None of the above	20
1190	Have you noticed any of the following changes in your LEFT breast in the LAST 3 MONTHS?	Multiselect	Lump (new or unusual)	21
			Nipple discharge	22
			Pain	23
			Other	24
			None of the above	25
1191	Are you adopted?	Radio	Yes	84
			No	85
			Don't know	86
1192	Do you know the medical history from your biological family?	Radio	Yes	87
			No	88
			Don't know	89
	Have any of your 1st- or 2nd-degree female relatives (mother,			

1193	sisters, daughters, grandmothers, aunts) ever been diagnosed with breast cancer or DCIS (ductal carcinoma in situ)?	Radio	Yes	90
			No	91
			Don't know	92
1194	Has your mother ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	93
			Yes - ductal carcinoma in situ (DCIS)	94
			Yes - but I don't know what kind of breast cancer	95
			No	96
			Don't know	97
1195	At about what age did your mother have breast cancer?	Radio	Under age 50	102
			50 - 60	103
			Older than 60	104
			Don't know	105
1196	Have any of your 1st- or 2nd-degree female relatives (mother, sisters, daughters, grandmothers, or aunts) ever been diagnosed with BILATERAL breast cancer or DCIS (ductal carcinoma in situ)? note: bilateral means in both breasts	Radio	Yes	106
			No	107
			Don't know	108
1197	Please answer the following questions for your blood relatives, including half-relatives and relatives who have died, but not step-relatives. How many sisters do you have?	Numeric		
1198	How many sisters have ever been diagnosed with breast cancer ?	Radio	1	118
			2	119

			3 or more	120
			Don't know	121
1199	At about what age did your sister(s) have breast cancer (if more than one sister had breast cancer, please select youngest age of diagnosis)?	Radio	Under age 50	126
			50 - 60	127
			Older than 60	128
			Don't know	129
1200	How many daughters do you have?	Numeric		
1201	How many of your daughters have ever been diagnosed with breast cancer?	Radio	1	143
			2	144
			3 or more	145
			Don't know	146
1202	At about what age did your daughter(s) have breast cancer (if more than one daughter had breast cancer, please select youngest age of diagnosis)?	Radio	Under age 50	147
			50 - 60	148
			Older than 60	149
			Don't know	150
1203	Has your maternal grandmother (your mother's mother) ever been diagnosed with breast cancer?	Multiselect	Yes - invasive breast cancer	151
			Yes - ductal carcinoma in situ (DCIS)	152
			Yes - but I don't know what kind of breast cancer	153
			No	154
			Don't know	155
1204	At about what age did your maternal grandmother have breast cancer?	Radio	Under age 50	160
			50 - 60	161

			Older than 60	162
			Don't know	163
1205	How many maternal aunts (mom's sisters) do you have?	Numeric		
1206	How many of your maternal aunts (mother's sisters) have been diagnosed with breast cancer?	Radio	1	190
			2	191
			3 or more	192
			Don't know	193
1207	At about what age did your maternal aunt(s) have breast cancer (if more than one maternal aunt had breast cancer, select youngest age of diagnosis)?	Radio	Under age 50	194
			50 - 60	195
			Older than 60	196
			Don't know	197
1208	How many paternal aunts (father's sisters) do you have?	Numeric		
1209	How many of your paternal aunts (father's sisters) have ever been diagnosed with breast cancer?	Radio	1	211
			2	212
			3 or more	213
			Don't know	214
1210	At about age did your paternal aunt(s) have breast cancer (if more than one paternal aunt had breast cancer, select youngest age of diagnosis)?	Radio	Under age 50	215
			50 - 60	216
			Older than 60	217
			Don't know	218
1211	Have any male relatives in your family ever been	Radio	Yes	219

	diagnosed with breast cancer (including chest wall cancer)?			
			No	220
			Don't know	221
1212	Have any of your 1st- or 2nd-degree female relatives (mother, sisters, daughters, grandmothers, or aunts) ever been diagnosed with ovarian cancer?	Radio	Yes	222
			No	223
			Don't know	224
1213	Have any of your 1st- or 2nd-degree female relatives (mother, sisters, daughters, grandmothers, or aunts) ever been diagnosed with BOTH breast and ovarian cancers?	Radio	Yes	225
			No	226
			Don't know	227
1214	Have any other women in your family (not already mentioned, including cousins and nieces) been diagnosed with breast cancer or DCIS (ductal carcinoma in situ) before the age of 55 years?	Radio	Yes	228
			No	229
			Don't know	230
1215	Have two or more of your relatives on the same side of the family been diagnosed with uterus (endometrial) and/or colon cancer diagnosed before age 55?	Radio	Yes	231
			No	232
			Don't know	233
1216	Have any of your relatives been diagnosed with any type of cancer before age 20?	Radio	Yes	234



			No	235
			Don't know	236
1217	Have any of your relatives ever been diagnosed with leukemia, brain cancer, or a sarcoma before age 45?	Radio	Yes	237
			No	238
			Don't know	239
1218	Have you ever had genetic testing for family cancer risk?	Radio	Yes	240
			No	241
			Don't know	242
1219	Have any of your relatives ever had genetic testing for family cancer risk?	Radio	Yes	256
			No	257
			Don't know	258
1220	Were you positive for a gene mutation (e.g., BRCA1, BRCA2, gene variant, etc.):	Radio	Yes	243
			No	244
			Don't know	245
1221	How old were you when you had your first menstrual period (please estimate if you're not sure)?	Radio	Under age 10	279
			10	280
			11	281
			12	282
			13	283
			14	284
			15	285
			16	286
			Over 16	287
			Don't know	288
1222	Have your menstrual periods stopped permanently?	Radio	Yes - Periods stopped naturally	289
			Yes - But now have periods induced by hormones	290

			Yes - Uterus removed by surgery	291
			Yes - Uterus AND both ovaries removed by surgery	292
			Yes - Due to chemotherapy or other medication	293
			Yes - Due to radiation	294
			Yes - Other reason	295
			No	296
			Not sure - periods less frequent	297
			Yes - Both ovaries removed by surgery	523
1224	How old were you when your periods stopped?	Radio	Under age 30	298
			30-39	299
			40-44	300
			45-49	301
			50-54	302
			55 or older	303
1225	Have you ever had a hysterectomy (a surgery to remove your uterus or womb)?	Radio	Yes	304
			No	305
			Don't know	306
1226	At what age did you have your hysterectomy?	Radio	Under age 25	307
			25-34	308
			35-44	309
			45-49	310
			50-54	311
			55-59	312
			60-64	313
			65 or older	314
1227	Have you ever had an oophorectomy (a surgery to remove part or all of one or both of your ovaries)?	Radio	Yes - both ovaries were removed	315
			Yes - only one ovary was removed	316
			Yes - only part of one ovary was removed	317
			Yes - but I don't know whether one or both ovaries were removed	318
			No	319

			Don't know	320
1228	At what age did you first have an ovary or part of an ovary removed?	Radio	Under age 25	324
			25-34	325
			35-44	326
			45-49	327
			50-54	328
			55-59	329
			60-64	330
			65 or older	331
1229	How many times have you been pregnant?	Numeric		
1230	How old were you when your first child was born?	Radio	Under age 20	274
			20-24	275
			25-29	276
			30-39	277
			40 or older	278
1231	Have you ever taken any of the following hormone replacements (female hormones prescribed for women after menopause)?	Multiselect	Estrogen only (e.g., Premarin)	332
			Progestin only (for example, Provera)	333
			Estrogen and progestin combination (for example, Prempro)	334
			Estrogen and testosterone combination (for example, Estratest)	335
			Natural hormone therapy (Herbal supplements)	336
			Topical vaginal estrogen cream	337
			Estrogen patch	338
			Other hormone therapy	339
			Yes - But not sure what kind of hormone replacement therapy	340
			No - I have never been on any hormone therapy	341
	Are you CURRENTLY taking hormone			

1232	replacement (female hormones prescribed for women after menopause)?	Multiselect	Estrogen only (e.g., Premarin)	342
			Progestin only (for example, Provera)	343
			Estrogen and progestin combination (for example, Prempro)	344
			Estrogen and testosterone combination (for example, Estratest)	345
			Natural hormone therapy (Herbal supplements)	346
			Topical vaginal estrogen cream	347
			Estrogen patch	348
			Other hormone therapy	349
			Yes - But not sure what kind of hormone replacement therapy	350
			No - I am not currently on hormone replacement therapy	351
1233	For how many total years were you on hormone replacement therapy?	Radio	Less than five years	352
			For five years or more	353
			Don't know	354
1234	For how many total years have you been on hormone replacement therapy?	Radio	Less than five years	355
			For five years or more	356
			Don't know	357
1235	Are you CURRENTLY taking any of the following medications?	Multiselect	Tamoxifen (Nolvadex)	358
			Raloxifene (Evista)	359
			Anastrozole (Arimidex)	360
			Letrozole (Femara)	361
			Hormones for birth control	362
			None	363
1236	Considering your health over the last month, how would you characterize your health?	Radio	Excellent	418
			Very Good	419
			Good	420

			Fair	421
			Poor	422
1237	Do you currently have any limitations in your regular activities?	Radio	None	423
			A little bit	424
			A lot	425
1238	Have you ever been diagnosed or treated for any of the following health issues?	Multiselect	Heart Disease	426
			Diabetes (problem with your blood sugar levels)	427
			High Blood Pressure	428
			Heart Attack	429
			Ulcer or Stomach Disease	430
			Lung Disease	431
			Congestive Heart Failure	432
			Kidney Disease	433
			Depression	434
			Osteoarthritis, degenerative arthritis Back pain	435
			Rheumatoid arthritis	436
			Liver Disease	437
			Anemia or other blood disease	438
			Chronic Obstructive Pulmonary Disease	439
			Alzheimer's disease, dementia	440
			Stroke	441
			Cancer (other than Breast Cancer or Skin Cancer)	442
			Other conditions (not listed)	443
			No - I have never been diagnosed or treated for health issues	444
			Don't know	445
1239	Do these conditions cause limitations in your regular activities?	Radio	Not at all	448
			Slightly	449
			Moderately	450
			Quite a bit	451
			Extremely	452
1240	Have you ever been diagnosed with any of the following cancers?	Multiselect	Brain Cancer	67

			Colon, Rectal, Large Intestine Cancer	68
			Kidney or Renal Cancer	69
			Leukemia	70
			Lung Cancer	72
			Ovarian, Peritoneal, Fallopian Tube Cancer	73
			Pancreatic Cancer	74
			Sarcoma	75
			Skin - Melanoma Cancer	76
			Skin - Basal / Squamous Cell Cancer	77
			Gastric/Stomach Cancer	78
			Thyroid Cancer	79
			Uterine (non-Cervical) / Endometrial Cancer	80
			Other Cancer not in this list	81
			Unknown Type of Cancer	82
			Don't know	83
			Adrenal Cancer	497
			Bladder Cancer	498
			Bone Cancer	499
			Breast Cancer	500
			Cervical Cancer	501
			Gall Bladder Cancer	502
			Lymphoma - Hodgkins	503
			Lymphoma - non-Hodgkins	504
			Prostate Cancer	505
			Renal Pelvis / Ureter Cancer	506
			Small Intestine Cancer	507
			Testicular Cancer	508
			No History of Cancer	509
1241	When were you diagnosed with ovarian cancer? (Date can be estimated if exact date is not known)	Date		
1255	How many breast biopsies (e.g., needle biopsies, surgeries) have you had in total?	Radio	0	524
			1	525
			More than 1	526
			Don't know	527

1256	Have any of your breast biopsies (e.g., needle biopsies, surgeries) showed atypia / abnormal cells?	Radio	Yes	516
			No	517
			Don't know	518
1700	<p>This online breast health history intake form will help your doctors interpret your mammogram and assess your risk for breast cancer. Your answers to the health history questionnaire will be immediately available for you to print a summary.</p> <p>This online system will eventually replace the paper questionnaire you fill out when you come in for your mammogram.</p> <p>At the end of your intake form, you will be asked if you give permission for your anonymous and coded answers to be used for research purposes.</p>	Answerless		
1701	With your permission, this information will also be used for research purposes and may lead to improvements in breast health. <i>Your information will be held in the strictest confidence.</i> Please indicate if you would like your anonymous intake form to be used for research purposes.	Radio	Yes	17001
			No	17002
1702	Are you willing to be contacted in the future	Radio	Yes	17003

	to be invited to participate in studies related to breast health?			
			No	17004
1703	We are asking our participants to donate a small sample of blood or saliva at the end of their mammography appointment for future research purposes. Are you <b>interested</b> ? ( <i>At the end of your mammogram visit, you will be given a separate consent to sign for this and will also have a chance to ask any questions you may have.</i> )	Radio	Yes	17005
			No	17006