

Questionnaire

## Medical History First Admission

Short Form

### First Consultation

Description

## Questionnaire for Documentation of Health Status

Version

**E4**

Language

**ENG**

Date

19.04.2019

## Anamnestic data: Sociodemographic data

Please name your relationship status.

Choice | marital\_status

Question (short)	Relationship status
Explanation	
Max. answers	1
Assessment	neutral
Answers	Not in a relationship [0]
	Married/ Long term relationship [1]
	Divorced/ separated [2]
	Widowed [3]

Which is your highest completed level of education?

Choice | education

Question (short)	Level of education
Explanation	
Max. answers	1
Assessment	Low [1]
Answers	Middle [2]
	High [3]

How often do you drink alcohol?

Choice | alcohol

Question (short)	Alcohol consumption
Max. answers	1
Assessment	neutral
Answers	Never [0]
	Occasionally [1]
	Weekly [2]
	Daily [3]

Do you smoke?

Choice | smokingStatus

Question (short)	Smoking status
Explanation	
Max. answers	1
Assessment	neutral
Answers	No [0]
	Yes [1]
	I was smoking in the past [3]

What is your height (in cm)?

Number | height

Question (short)	Height in cm
Explanation	For example enter 175 for 1,75 meters
Decimal place	None

What is your weight (in kg)?

Number | weight

Question (short)	Weight in kg
Explanation	For example enter 70 for 70kg
Decimal place	None

What is your bust measurement?

Choice | bust

Question (short)	Bra size (circumference in cm)
Explanation	Circumference in cm
Max. answers	1
Assessment	neutral
Answers	65 [1]
	70 [2]
	75 [3]
	80 [4]
	85 [5]
	90 [6]
	95 [7]
	100 [8]
	105 [9]
	110 [10]
	115 [11]
	120 [12]
	125 [13]

What cup size do you have?

Choice | cupSize

Question (short)	Bra size (cup size)
Explanation	
Max. answers	1
Assessment	neutral
Answers	AA [1]
	A [2]
	B [3]
	C [4]
	D [5]
	E [6]
	F [7]
	G [8]
	H [9]

What age were you when you had your first menstrual period?

Number | menstruation\_firstTime\_age

Question (short)	First period at age of .... years
Explanation	
Decimal place	None

Have you entered menopause?

Choice | menopause\_yn

Question (short)	Menopause
Explanation	
Max. answers	1
Assessment	neutral
Answers	No [0]
	Yes [1]

How many pregnancies have you had?

Choice | pregnancy\_number

Question (short)	Number of pregnancies
Max. answers	1
Assessment	neutral
Answers	0 [0]
	1 [1]
	2 [2]
	3 [3]
	4 [4]
	5 [5]
	6 [6]
	7 [7]
	More than 7 [8]

How many times did you give birth?

Choice | birth\_number

Question (short)	Number of births
Max. answers	1
Assessment	neutral
Answers	0 [0]
	1 [1]
	2 [2]
	3 [3]
	4 [4]
	5 [5]
	6 [6]
	7 [7]
	More than 7 [8]

Has your doctor diagnosed you with one of the following diseases?

Choice | comorb

Question (short)	Diseases
Explanation	Multiple answers possible
Max. answers	17
Assessment	neutral
Answers	I have no other diseases [0]
	Heart conditions (for example angina pectoris, heart attack, heart failure) [1]
	High blood pressure [2]
	Leg pain while walking caused by congested blood vessels [3]
	Pulmonary condition (for example asthma, chronic bronchitis, emphysema) [4]
	Diabetes [5]
	Renal condition [6]
	Liver condition [7]
	Sequela of stroke [8]
	Conditions of the nervous system (for example Parkinson's disease, multiple sclerosis) [9]
	Cancer (within last 5 years) [10]
	Depression [11]
	Gastro-intestinal disease [12]
	Endometriosis [13]
	Bladder weakness [14]
	Urinary tract infections [15]
	Arthritis [16]

Which kind of cancer do you have within last 5 years? (If comorb=Cancer (within last 5 years))

Choice | cancer\_breast

Question (short)	Kind of cancer in last 5 years
Explanation	Multiple answers possible
Max. answers	2
Assessment	neutral
Answers	Breast cancer [1]
	Other kinds of cancer [0]

Did you have breast surgery before?

Choice | pre\_op

Question (short)	Previous breast surgery
Explanation	
Max. answers	1
Assessment	neutral
Answers	Yes [1]
	No [0]

Which kind of cancer do you have a family history of?

Choice | cancer\_kind\_family

Question (short)	Kind of cancer in family history
Explanation	Multiple answers possible
Max. answers	2
Assessment	neutral
Answers	Breast and ovarian cancer [1]
	Other kinds of cancer [0]

Do you currently use one of the following forms of birth control?

Choice | contraceptive\_kind

Question (short)	Form of birth control
Explanation	
Max. answers	1
Assessment	neutral
Answers	None [0]
	Contraceptive pill [1]
	Three-month injection [2]
	Vaginal ring [3]
	Contraceptive Patch [4]
	Contraceptive hormonal coil [5]
	Hormone rod [6]
	Intrauterine copper coil [7]
	Others [888]

Is this the first time you've had a disease concerning your breast?

Choice | breastcancer\_first

Question (short)	First disease of the breast
Explanation	
Max. answers	1
Assessment	neutral
Answers	No [0]
	Yes [1]