Unique ID: ..... **Date:** .....

42. Menstrual history: LMP: 1 Feb Number of days in cycle: _____ ☑ Regular ☐ Irregular

43. Number of pregnancies: Term: 1 Abortions: — (abortions after 6 months = term)

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44. Age of 1st child: 8 yrs 45. Age of last child: — yrs

46. Twice birth in a year? ☐ Yes ☑ No (Twins to be counted as one)

47. Breast feeding: ☐ Yes ☐ No ☐ Right ☐ Left ☑ Both

Total duration: 24 months

Child 1: 24 months Child 2: — months Child 3: — months Child 4: — months

48. Birth control pills: ☐ Yes ☑ No Duration: _____

F. Medical History:

Symptoms	Right breast	Left breast	Duration in month(s)
49. Pain/tenderness	☐	☑	3rd Dec. 16
50. Lump	☐	☑	
51. Nipple discharge	☐	☑	
52. Nipple retraction	☐	☑	
53. Dimpling	☐	☑	
54. Discolouration	☐	☑	
55. Ulceration	☐	☐	
56. Eczema	☐	☐	

57. Detected by ☑ Self ☐ Physician ☐ Screening **Camp ID:** _____

58. Metastatic symptoms ☐ None ☐ Bone pain ☐ Cough ☐ Jaundice ☐ Headache ☐ Weight loss

59. Previous biopsy/aspiration ☑ Yes ☐ No

G. Lifestyle:

60. Diet ☑ Vegetarian ☐ Non-vegetarian ☐ Ovo-vegetarian

61. Alcohol consumption ☐ Yes ☑ No

If yes, consumption from what age? _____ Quantity: _____ /week

Duration of practice: _____ Comments: _____

62. Tobacco ☐ Smoking ☐ Chewing ☑ No

If yes, consumption from what age? _____ Quantity: _____ /week

Duration of practice: _____ Comments: _____

63. Other deleterious habits: _____

64. Nutritional supplements ☐ Yes ☐ No

Name/type of supplement: _____ (e.g., calcium, iron, vitamins)

Duration of usage: _____ Quantity: _____ /day