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

42. Menstrual history: LMP: _____ Number of days in cycle: _____ ☐ Regular ☐ Irregular
43. Number of pregnancies: Term: _____ Abortions: _____ (abortions after 6 months = term)

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44. Age of 1st child: _____ 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: _____ months

    Child 1: _____ 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	☐	☐	_____
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