

Unique ID:

Date:

C. Past Medical History:

19. Benign breast disease ☐ Yes ☒ No If yes, confirmed by biopsy? ☐ Yes ☐ No
20. Breast infection ☐ Yes ☒ No If yes, age at infection _____ ☐ Rt ☐ Lt
21. Operation on breast ☐ Yes ☒ No If yes, reason: lump
22. Ovaries removed ☐ Yes ☒ No If yes, ☐ Only 1 ovary ☐ Both
23. Hysterectomy done ☐ Yes ☒ No If yes, oncological reason? ☐ Yes ☐ No
24. Endocrine related ☐ Yes ☒ No If yes, specify _____
25. Ischaemic heart disease ☐ Yes ☒ No
26. Hypertension ☒ Yes ☒ No 1 Tab. daily
27. Diabetes Mellitus ☐ Yes ☒ No
28. Tuberculosis ☐ Yes ☒ No
29. Asthma ☐ Yes ☒ No
30. Medications ☐ Yes ☒ No If yes, specify _____ (aspirin, anti-coagulants etc)
31. Hormone replacement therapy ☒ Never ☐ Past ☐ Currently
- Duration: _____ years Type: _____
32. Previous cancer ☐ Breast ☐ Uterus ☐ Ovary ☐ Cervix ☐ Others _____
- Year of diagnosis: _____
33. Any previous intervention ☐ Surgery ☐ Radiation ☐ Chemotherapy ☐ Hormonal

D. Family History:

34. Present marital status: ☐ Never married ☒ Currently married/living together
☐ Divorced/separated ☐ Widow
35. Number of sisters: 3
36. Number of daughters: 0
37. ☐ Breast cancer in maternal/paternal relative/children/others; if yes, relation to patient: NO
Age at detection of cancer: _____ yrs
38. ☐ Ovarian cancer in maternal/paternal relative/children/others; if yes, relation to patient: NO
Age at detection of cancer: _____ yrs
39. ☐ Other cancer: _____ (specify) if yes, relation to patient: NO
Age at detection of cancer: _____ yrs

E. Reproduction History:

40. Age at menarche: _____ yrs
41. Menopausal status: ☐ Pre ☐ Post ; If post menopause, age at menopause: _____