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

42. Menstrual history: LMP: 18 Jan 17 Number of days in cycle:_____ ☐ Regular ☐ Irregular
43. Number of pregnancies: Term:_____ Abortions: _____ (abortions after 6 months = term)

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	☐	☑	15 days ago + fever.
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