Ui	niqu	e ID:			Date:	
	42.	Menstrual history: LMP:	Nu	mber of days in cycl	e: Regular Irregular	
					(abortions after 6 months = term	
	44.	Age of 1st child: yrs	1st child: yrs 45. Age of last child: yrs			
	46.	Twice birth in a year?	Yes No	(Twins to be cou	unted as one)	
	47.	Breast feeding:	Yes No	Right	Left Both	
		Total duration: mor	nths			
		Child 1:months	Child 2: moi	nths Child 3:	months Child 4: months	
	48.	Birth control pills:	Yes No	Duration:		
F.	Med	dical History:				
		Symptoms	Right breast	Left breast	Duration in month(s)	
		Pain/tenderness				
	50.	Lump		i i		
		Nipple discharge				
		Nipple retraction				
		Dimpling				
		Discolouration				
		Ulceration				
		Eczema				
		Detected by	Self	Physician	Screening Camp ID:	
		Metastatic symptoms	None	Bone pain	Cough	
	00.	Motadia dymptomo	Jaundio		Weight loss	
	59	Previous biopsy/aspiration	Yes	No	Wolght loos	
_						
G.		style:				
	60. 1		☐ Vegeta		arian Ovo-vegetarian	
		Alcohol consumption	Yes	∐ No	A section	
		If yes, consumption from what			luantity:/week	
		Duration of practice: Tobacco		g Chewing	No No	
		f yes, consumption from wha			uantity:/week	
		Ouration of practice:			omments:	
		Other deleterious habits:			on monto.	
		Nutritional supplements	Yes	□ No		
	J					
	1	Name/type of supplement:	The section of the se		(e.g., calcium, iron, vitamins)	