

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: _____
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
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: _____ 36. Number of daughters: _____
37. ☐ Breast cancer in maternal/paternal relative/children/others; if yes, relation to patient: _____
Age at detection of cancer: _____ yrs
38. ☐ Ovarian cancer in maternal/paternal relative/children/others; if yes, relation to patient: _____
Age at detection of cancer: _____ yrs
39. ☐ Other cancer: _____ (specify) _____
if yes, relation to patient: _____
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: _____