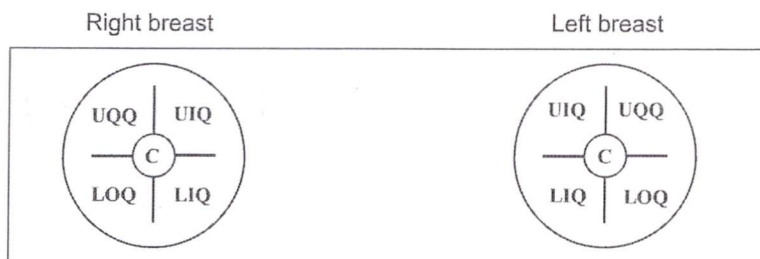


65. Physical activities (check the box that is most appropriate)

During the past year, what was your average time per week spent at each of the following recreational activities?	Time per week									
	Zero	1-4 min	5-19 min	20-59 min	One hour	1-1.5 hours	2-3 hours	4-6 hours	7-10 hours	11+ hours
Walking for exercise or walking to work	<input checked="" type="checkbox"/>									
Jogging (slower than 10 minutes/2 kms)	<input checked="" type="checkbox"/>									
Running (10 minutes/2 km or faster)	<input checked="" type="checkbox"/>									
Bicycling (including stationary machine)	<input checked="" type="checkbox"/>									
Tennis, squash, racquetball	<input checked="" type="checkbox"/>									
Lap swimming	<input checked="" type="checkbox"/>									
Other aerobic exercise (aerobic dance, ski or stair machine, etc)	<input checked="" type="checkbox"/>									
Lower intensity exercise (yoga, stretching, toning)	<input checked="" type="checkbox"/>									
Other vigorous activities (e.g., lawn moving)	<input checked="" type="checkbox"/>									

H. Clinical Examination at Initial Presentation:



66. Palpable lump in the breast ☐ Nil ☐ Definite ☐ Vague ☐ Diffuse
- a. Location of breast lump ☐ Right ☐ Left ☐ Both ☐ Duration: _____
- ☐ UOQ ☐ UIQ ☐ LIQ ☐ LOQ ☐ CQ Position: ____ o'clock
- b. Size in cm: ☐ <2cm ☐ 2-5 cm ☐ >5cm
- c. Number: ☐ Single ☐ Multiple
- d. Consistency: ☐ Soft ☐ Firm ☐ Hard ☐ Cystic
- e. Fixity to: ☐ Skin ☐ Chest wall ☐ Pect major muscle ☐ No fixation
67. Mastitis ☐ Right ☐ Left ☐ Both ☐ Not present
- ☐ Diffuse ☐ Sectoral ☐ UOQ ☐ UIQ ☐ LIQ ☐ LOQ ☐ CQ Position: ____ o'clock
68. Tenderness in breast: ☐ Right ☐ Left ☐ Both ☐ Not present
69. Nipple retraction: ☐ Right ☐ Left ☐ Both ☐ Not present
70. Nipple discharge: ☐ Right ☐ Left ☐ Both ☐ Not present
- Type of discharge ☐ Serous ☐ Milky ☐ Brown ☐ Bloody

71. Skin changes: ☐ Right ☐ Left ☐ Both ☐ Not present
- Type of change: ☐ Dimpling ☐ Ulceration ☐ Discolouration ☐ Eczema
- ☐ Edema ☐ Redness ☐ Peau d'orange

72. Palpable axillary nodes: ☐ Right ☐ Left ☐ Both ☐ Not palpable
- a. Number of nodes: _____ b. Size: _____
- c. Fixity: ☐ Yes ☐ No