

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: \_\_\_\_\_