

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

## WGM OB/GYN

### Breast Cancer Risk Assessment Tool Questionnaire

The Breast Cancer Risk Assessment Tool is an interactive tool designed by scientists at the National Cancer Institute (NCI) and the National Surgical Adjuvant Breast and Bowel Project (NSABP) to estimate a woman's risk of developing invasive breast cancer. Those who show a potential for breast cancer can be counseled and referred in regard to opportunities/strategies for prevention

Please fill out the following questionnaire if you are 35 years old or older.

**A.** Did your mother, sister and/or daughter or you ever have breast cancer?

**NO** **YES** (if yes – who? \_\_\_\_\_)

**B.** Have you had a breast biopsy with "atypical hyperplasia?"

**NO** **YES** **UNSURE**

IF **NO** for question **A** and **B** STOP HERE

IF **YES** for question **A** and/or question **B** please answer the following:

**1.** Do you have a history of any breast cancer, ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS), or any other cancer with radiation therapy to chest area?

**YES** **NO**

**2.** Are you positive for BRCA 1 or BRCA 2 (the gene mutations that increase breast cancer risks)?

**YES** **NO**

IF **YES** for question **1** or **2** STOP HERE

IF **NO** for question **1** and **2** Continue:

3. What is your present age? \_\_\_\_\_

4. What was your age at the time of your first menstrual period?

5. What was your age at the time of your first live birth of a child?

6. How many of your first degree relatives (mother, sisters, daughters) have had breast cancer? \_\_\_\_\_

7. Have you ever had a breast biopsy? YES NO

IF YES – How many breast biopsies (positive or negative) have you had? \_\_\_\_\_

8. What is your race/ethnicity? \_\_\_\_\_