Name: _____ **Birthdate:** _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____ **Phone:** _____ **Doctor:** _____

All information given in the questionnaire and image taken will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

Breast Thermography Confidential Questionnaire

1. Do you have a close relative who has had breast cancer? ---------- YES NO

2. Have you ever been diagnosed with breast cancer? ----------YES NO

3. Have you ever been diagnosed with any other breast disease (fibrocystic)? ----YES NO

4. Have you had any biopsies to your breasts? ----------YES NO

5. Have you had any breast cosmetic surgery, implants, or other breast surgery? YES NO

6. Have you had a mammogram in the past 12 months? ----------YES NO

7. Have you had a mammogram in the past 5 years? ----------YES NO

8. Have you had abnormal results from any breast testing? ----------YES NO

9. Have you ever taken a contraceptive pill for more than 1 year? ----------YES NO

10. Have you ever suffered from cancer of the womb? ----------YES NO

11. Have you had pharmaceutical hormone replacement therapy? ----------YES NO

12. Do you have an annual physical breast examination by a doctor? ----------YES NO

13. Do you perform a monthly breast self-exam? ----------YES NO

14. How many mammograms have you had in total? _____

15. What was your age when you had your first mammogram? _____

16. How many births have you had? _____ **Your age at birth of first child?** _____

17. Did your period start before the age of 12? _____ **Or finish after the age of 50?** _____

18. Do you smoke? Yes Never Not in last 12 months Not in last 5 years

19. Are you pregnant or nursing? Yes No (Must have stopped breastfeeding for 3 months)

20. Approximate date of last mammogram _____ **Outcome** _____

21. Have you had a vaccination in the last 4 weeks? Yes No If so, which arm: Left Right

Have you <u>recently had</u> any of these breast symptoms:

Pain: ----------Right Breast Left Breast

Tenderness: ----------Right Breast Left Breast

Lumps: ---------- Right Breast Left Breast

Change in breast size: ----------Right Breast Left Breast

Areas of skin thickening or dimpling: ---Right Breast Left Breast

Secretions of the nipple: ----------Right Breast Left Breast

Signature _____ ***Today's Date*** _____