

Breast Cancer Screening Assessment (2022) Questions



Questions	Potential Answers
Age	
Sex	Female Male
Height	
Weight	
Ethnicity	White African American Hispanic or Latino Asian or Pacific Islander American Indian or Alaska Native Other Unknown/no answer (not answered)
Ashkenazi Jewish ancestry Weekly exercise	I am of Ashkenazi Jewish descent x minutes of moderate activity (not answered) x minutes of vigorous activity (not answered)
Primary care physician My last checkup was	I do not have a primary care physician I have a primary care physician (not answered) Less than 1 year ago 1 to 2 years ago More than 2 years ago N/A (primaryCarePhysician_has = '0')
Have you had a test for a breast cancer gene mutation?	Yes, within the past 5 years Yes, more than 5 years ago No (not answered)
Was the test result positive for a gene mutation?	Yes No (not answered)
When was your last mammogram or other breast screening?	Less than 1 year ago 1 to 2 years ago More than 2 years ago Never (not answered)
Are you postmenopausal?	Yes No or I don't know (not answered)
Have you had any of the following? (check all that apply)	Lobular carcinoma in situ (LCIS) Ductal carcinoma in situ (DCIS) Positive test result for BRCA1/BRCA2 gene mutation Breast cancer Chest radiation treatment between the ages of 10 and 30 Mammogram showing dense breast tissue None of these
Do any of the following apply to you? (check all that apply)	Taken menopausal hormone therapy within the past 5 years Used birth control that has hormones Never breast-fed a child Never given birth Gave birth to my first child after age 30 Drink 2 or more alcoholic beverages per day None of these
How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?	0 1 2 or more I don't know (not answered)
Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation?	Yes No

	I don't know (not answered)
Did any man in your family have breast cancer?	Yes No I don't know (not answered)
Did any woman in your family have breast cancer in both breasts (bilateral cancer)?	Yes No I don't know (not answered)
Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?	Yes No I don't know (not answered)
Did any woman in your family have breast AND ovarian cancer?	Yes No I don't know (not answered)
Did any woman in your family have breast cancer before the age of 50?	Yes No I don't know (not answered)
Indicate other cancer history in your family (check all that apply)	2 relatives with breast cancer 2 relatives with ovarian cancer 2 relatives with bowel (colorectal) cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with bowel cancer None of these
Have you ever had a breast biopsy? (positive or negative results)	0 1 2 or more (not answered)
Did at least 1 biopsy show atypical hyperplasia?	Yes No or I don't know (not answered)