

## **Breast Cancer Screening Assessment (2022) Questions**

Age See  Female Maile  Height  More  Height  Africon American Hispanic or Latino Astan or Pacific Islander American Indian or Alakse Native Other Unknown/ha answered (not answered) (not	Questions	Potential Answers
Female Market  Height  Weight  When  Affician Amerikan Hispantic of Latino Ashara Affacian Hispantic of Latino Ashara or Familie Stander Amerikan infusion of Ashara Mattee Other Unknown/no answer (not answered)  Amerikan infusion of Ashara Mattee Other Unknown/no answer (not answered)  I am of Ashara allevida decent Amerikan infusion of Ashara (not answered)  An on the very primary care physician (how the very aprimary care physician (how the very aprimary care physician (not answered)  An of answered)  An of answered  An of Ashara (not answered)  An of Ashara (not answered	Age	
Height  Chriscity  When  Affican American Hispanic or Jainto American Indian or Asakta Native Other Unknown/no answer (not answered)  Lar of Afficient Afficient de cityly (not answered)  I am of Afficient de cityly (not answered)  I am of Afficient de cityly (not answered)  I am of Afficient de cityly (not answered)  I not on the use a primary care physician (not answered)  I have a primary care physician (not answered)  I be year ago More than 2 years ago No Not answered)  When was your list mammogram or other breast scerening?  Very which in the past 5 years  Very opportune oppusal?  When was your list mammogram or other breast scerening?  Less than 1 year ago I be 2 years ago No Nor danneered)  Less was 1 year ago I be 2 years ago No Nor danneered)  Less was 1 years ago I cot answered)  Less was 1 years ago I cot answered of the past 1 years ago I cot answered of the past 1 years ago I cot answered of the past 1 years ago I cot answered of the p	Sex	Female
Weight  Chronicity  White  African American Hispanic or Latino Asian or Pacific Islander American Insign or Abska Native Other Unknown/my on awwer (not answered)  Lam of Abhiesal Jewish descent ximitutes of moderate activity (not answered)  Yes a primary care physician  I donot have a primary care physician  I donot have a primary care physician  I not have a primary care physician I not answered]  I donot have a primary care physician I not answered]  I donot have a primary care physician I not answered]  I donot have a primary care physician I not answered]  I sess than 1 year ago I 10 2 years ago N/A (primaryCarePhysician, Pas = "U")  Yes any of the following or other breast screening?  I sess than 1 year ago I not answered]  When was your last mammogram or other breast screening?  I sess than 1 year ago I not answered]  I sess than 1 year ago I not answered]  When was your last mammogram or other breast screening?  I sess than 1 year ago I not answered]  I not answered I not grave ago Nore than 2 years ago Nore than 3 years ago Nore		Male
threadily  African American Hispanic or Latino African American Hispanic or Latino Assian or Pacific Islander American Indian or Abaska Native Other Unknown/no answered) Analysia of Abaska Native Other Unknown/no answered) Analysia or Apacific Islander American Indian or Abaska Native Other Unknown/no answered) Analysia of Abaska also with descent American Indian or Abaska Native Other Unknown/no answered) And Abaska also with descent American Indian or Abaska Native Other Unknown/no answered) And not have a primary care physician Indian a primary care physician Indian appropriate of the Abaska Native Other Indian American Indian Abaska Native Other Indian American Indian Abaska Native Other Indian Other Indian Other Indian Abaska Native Other Indian Other Indian Abaska Native Other Indian Abaska Native Other Indian Abaska Native Other Indian Abaska Native Other Indian Aba	Height	
African American Hispanic or 12 fation Asia or Pacific Islander American Indian Aleyska Native Other Unknow/My answere (not answered) Weekly exercise  Weekly e	Weight	
Hispanior or Tables Assim or Pacific Islander American Indian or Alaska Native Other Unknown/no answer Unknown/no answer Unknown/no answer Unknown/no answer Unknown/no answer Unknown/no answer Unknown was read Askensual levelsh descent a remarked work of wignous activity (not answered) And Askensual levelsh descent a remarked of wignous activity (not answered) I do not have a primary care physician I have a pri	Ethnicity	White
Asian or Pacific Islander American Indian or Alaska Native Other Usknown/no answer (not answered) Ashkenazi Jewish ancestry Weekly exercise  Ashkenazi Jewish ancestry Weekly exercise  Ashkenazi Jewish ancestry Weekly exercise  I and Ashkenazi Jewish descent x minutes of regional activity (not answered) x minutes of regional activity x minutes of regional activities activity x minutes of regional activities		African American
American Indian or Alaska Native Other Usknomm/no answer (not answered) Ashkenazi Jewish ancestry  I am of Ashkenazi Jewish descent x minutes of moderate activity (not answered) x minutes of moderate activity (not answered) x minutes of vigorous activity (not answered) x minutes of vigorous activity (not answered) Loss than 1 year ago 1 to 2 years ago Note than 3 years ago Note of answered) Less than 1 year ago 1 to 2 years ago Note than 3 years ago Note tha		Hispanic or Latino
Other Unknown/no answer (not answered) Sestkeread Jewish ancestry  Vereity exercise  Sestkeread Jewish ancestry  Vereity exercise  Vereity		Asian or Pacific Islander
Unknown/no answer not a nowered)  Ashkena's Jewish ancestry  Weekly exercise  I am of Ashkena's with descent  vanituses of moderate activity (not answered)  Primary care physician  I do not have a primary care physician (not answered)  Less than 1 year ago 1 to 2 years ago Noe than 2 years ago Noe than 2 years ago Noe than 2 years ago No (not answered)  Was the test result positive for a gene mutation?  Ves  With the past 5 years  Ves No  not answered)  When was your lost mammogram or other breast screening?  Less than 1 year ago 1 to 2 years ago Noe than 2 years ago No  not answered)  When was your lost mammogram or other breast screening?  Ves No  not answered)  Weever  not answered  Less than 1 year ago 1 to 2 years ago Noe than 2		American Indian or Alaska Native
Achievanal lewish ancestry  Weekly exercise  Achievanal lewish ancestry  Indicate answered  Institute a primary care physician  Indicate answered  Institute and Institute answered  Inst		Other
lam of Ashkenat Jewish descent   x minutes of molerate activity (not answered)   id on the ave a primary care physician   have a primary care physician   have a primary care physician (not answered)   less than 1 year ago   1 to 2 years ago   More than 3 years ago   No   (not answered)     N		Unknown/no answer
x minutes of moderate activity (not answered)   x minutes of noderate activity (noderate noderate activity (noderate noderate noderat		(not answered)
(not answered)   x ninutes of vigorous activity   x ninutes of v	Ashkenazi Jewish ancestry	I am of Ashkenazi Jewish descent
x minutes of vigorous activity (not answered)  Primary care physician  1 do not have a primary care physician (not answered)  My last checkup was  Was the cast than 1 year ago 1 to 2 years ago More than 5 years ago No (not answered)  Was the test result positive for a gene mutation?  Yes, more than 5 years ago No (not answered)  When was your last mammogram or other breast screening?  We you postmenopausal?  Are you postmenopausal?  Yes No (not answered)  We you postmenopausal?  Yes No or idon't know (not answered)  Have you had any of the following? (check all that apply)  Do any of the following apply to you? (check all that apply)  Do any of the following apply to you? (check all that apply)  Journal of these Nover present the selection of these Nover	Weekly exercise	x minutes of moderate activity
Primary care physician  Into a naswered)  Into a primary care physician  Inave and a gent and a g		(not answered)
Primary care physician  I do not have a primary care physician (not answered)  Less than 1 year ago 1 to 2 years ago More than 2 years ago More than 2 years ago NA [primaryCarePhysician, has = '0')  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 don't know (not answered)  Lobular carcinoma in situ (LOS) Dutal carcinoma in situ (LOS) Dutal carcinoma in situ (LOS) Dutal carcinoma in situ (LOS) Doutal carc		x minutes of vigorous activity
I have a primary care physician (not answered)  Less than 1 years ago 1 to 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 years ago 1 to 2 years ago More than 2 years ago More than 2 years ago More than 2 years ago No were (not answered)  Less than 1 years ago 1 to 2 years ago More than 2 years ago No were (not answered)  Lobular carcinoma in situ (ICIS) Ductal carcinoma in situ (ICIS) Duct		(not answered)
My last checkup was  Less than 1 year ago 1 to 2 years ago More than 2 years ago More than 2 years ago More than 2 years ago Nore than 3 years ago Nore than 5 years ago No No No No No No No (not answered)  Was the test result positive for a gene mutation?  Yes, more than 5 years ago No (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Less than 1 year ago 1 to 2 years ago Never (not answered)  Loudiar carcinoma in situ (LOS) Ductal carcinoma in	Primary care physician	I do not have a primary care physician
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?  Ves, within the past's years Yes, more than 5 years ago No (not answered)  Was the test result positive for a gene mutation?  Ves 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 More than 2 years ago No No (not answered)  Ves No or I don't know (not answered)  Have you postmenopausal?  Yes No or I don't know (not answered)  Lobular carcinoma in situ (LCIS) Ductal		
at 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 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 (LCIS) 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 homome therapy within the past 5 years Never breast-fied a child Never given birth Gave birth to my first-child after age 30 Orink 2 or more alcoholic beverages per day None of these  How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  O Taken menopausal homome therapy within the past 5 years Used and the past of the second or more of the second or more of these  Our more I don't know (not answered)		(not answered)
More than 2 years ago N/A (primaryCarePhysician_has = '0')  Ves, within the past 5 years Yes, more than 5 years ago No (not answered)  Was the test result positive for a gene mutation?  Ves No (not answered)  When was your last mammogram or other breast screening?  Less than 1 years ago More than 2 years ago More than 3 years ago Never (not answered)  Are you postmenopausal?  Yes No or I don't know (not answered)  Abuse you had any of the following? (check all that apply)  Dutal carcinoma in istu (LCIS) 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 hommone therapy within the past 5 years Used birth control that has hommones Never breast-fed a child Never given birth Gave birth on my first-child after age 30 Dirink 2 or more alcoholic beverages per day None of these  How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  O a more I don't know (not answered)  Ves  Used birth on my first-child after age 30 Dirink 2 or more alcoholic beverages per day None of these	My last checkup was	Less than 1 year ago
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 years ago 1 to 2 years ago Nover (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)  Dutal cardinoma in situ (LCIS) Dutal cardinoma in situ (LCIS) Dutal cardinoma in situ (LCIS) Do any of the following apply to you? (check all that apply)  Do any of the following apply to you? (check all that apply)  Taken menopausal hormone therapy within the past 5 years None of these None of th		1 to 2 years ago
Have you had a test for a breast cancer gene mutation?  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)  Lave you had any of the following? (check all that apply)  Lave you had any of the following? (check all that apply)  Do any of the following apply to you? (check all that apply)  Taken menopausal moment therapes tissue None of these  Do any of the following apply to you? (check all that apply)  Taken menopausal moment herapes 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 Orink 2 or more alcoholic beverages per day None of these  How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  Or 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 Orink 2 or more alcoholic beverages per day None of these  How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  Or more idon't know (not answered)		More than 2 years ago
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 More than 2 years ago No or I don't know (not answered)  Are you postmenopausal?  Yes No or I don't know (not answered)  Lobular carcinoma in situ (LOS) Ductal carcinoma in situ (LOS) Ductal carcinoma in situ (LOS) 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 None of these None of these In menopausal hormone therapy within the past 5 years Used birth control that has hormones Never breast-fed a child Never give birth Gave birth to my first child after age 30 Drink 2 or more alcoholic beverages per day None of these None of these In more alcoholic beverages per day None of these None of these One of these In more alcoholic beverages per day None of these		N/A (primaryCarePhysician_has = '0')
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 (LCIS) 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 1 don't know (not answered)	Have you had a test for a breast cancer gene mutation?	Yes, within the past 5 years
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 1 don't know (not answered)  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-fee'd 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?  Or or more 1 don't know (not answered)		Yes, more than 5 years ago
Was the test result positive for a gene mutation?  Yes No (not answered)  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 (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 preast-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)  Ves  Ves  Ver  None of these  Or and a sister of the following apply to you? (check all that apply)  Ves  Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation?  Ves		No
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) Duttal carcinoma in situ (DCIS) Positive test result for BRCA1/BRCA2 gene mutation Breast cancer Chest radiation treatment between the ages of 10 and 30 Mamogram 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?  1 2 or more I don't know (not answered) Ves		(not answered)
When was your last mammogram or other breast screening?  Less than 1 year 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 1 don't know (not answered)	Was the test result positive for a gene mutation?	Yes
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)  Lobular carcinoma in situ (LCIS)  Lobular carcinoma in situ (LCIS)  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 1 don't know (not answered) Ves		No
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)  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?  Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation? Yes		(not answered)
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)  Have you had any of the following? (check all that apply)  Ductal 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 1 don't know (not answered)	When was your last mammogram or other breast screening?	Less than 1 year ago
Never (not answered)  Are you postmenopausal?  Are you postmenopausal?  Are you postmenopausal?  Are you postmenopausal?  Are you had any of the following? (check all that apply)  Lobular carcinoma in situ (LCIS) Ductal carcinoma in situ (LCIS) 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?  1 2 or more 1 indn't know (not answered)  Ves		
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 tomy 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?  1 2 or more 1 don't know (not answered)  Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation? Yes		More than 2 years ago
Are you postmenopausal?  Yes No or I don't know (not answered)  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?  1 2 or more I don't know (not answered)  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?  O 1 2 or more I don't know (not answered)		
(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 1 don't know (not answered)	Are you postmenopausal?	
Lobular carcinoma in situ (LCIS) Ductal 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 1 don't know (not answered)  Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation? Yes		
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?  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		
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 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	Have you had any of the following? (check all that apply)	
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		\ '
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?  O 1 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		
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?  O 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		
None of these  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?  O 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		
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		<u> </u>
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		
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	Do any of the following apply to you? (check all that apply)	
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		
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?  1 2 or more 1 don't know (not answered)  Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation? Yes		
Drink 2 or more alcoholic beverages per day None of these  How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  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	How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?	
None of these  How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  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		
How many first-degree relatives (mothers, sisters, daughters) have had breast cancer?  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		
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		
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		
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		
(not answered)  Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation? Yes		
Did any first-degree relative (parent, sibling, child) have a positive test result for BRCA1/BRCA2 gene mutation? Yes		
	Did any first dagrae relative (sevent cibling child) have a new time test result for DBCA4 /DBCA2	·
No	una any nist-degree relative (parent, siding, child) nave a positive test result for BRCA1/BRCA2 gene mutati	
		INU

Did any man in your family have breast cancer?  Pes No I don't know (not answered)  Did any woman in your family have breast cancer in both breasts (bilateral cancer)?  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Pes 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)  I relative with brast cancer cancer cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer 1 relative with brast cancer and another with ovarian cancer	1	I don't know
Did any man in your family have breast cancer?    Yes   No   I don't know (not answered)		
No 1 don't know (not answered)  Did any woman in your family have breast cancer in both breasts (bilateral cancer)?  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Personable of the cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Personable of the cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Personable of the cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family have breast cancer and another with ovarian cancer and anothe		· · · · ·
I don't know (not answered)  Did any woman in your family have breast cancer in both breasts (bilateral cancer)?  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Ves No 1 don't know (not answered)  No 1 don't know (not answered)  Indicate other cancer history in your family (check all that apply)  Zelatives with breast cancer 2 relatives with bowel (colorectal) cancer 2 relatives with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with bowel cancer None of these  Did at least 1 biopsy show atypical hyperplasia?  Did at least 1 biopsy show atypical hyperplasia?  No or I don't know  Or I don't know  I don't know	Did any man in your family have breast cancer?	
Did any woman in your family have breast cancer in both breasts (bilateral cancer)?  Pes No 1 don't know (not answered)  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Pes No No 1 don't know (not answered)  Did any woman in your family have breast cancer before the age of 50?  Ves No I don't know (not answered)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Pelatives with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with ovarian cancer 3 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relat		
Did any woman in your family have breast cancer in both breasts (bilateral cancer)?  I don't know (not answered)  Pes No I don't know (not answered)  I don't know (not answered)  Pes No I don't know (not answered)  Pes No I don't know (not answered)  Did any woman in your family have breast AND ovarian cancer?  Pes No I don't know (not answered)  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Pes No I don't know (not answered)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Pes Ves No I don't know (not answered)  In elative with breast cancer 2 relatives with bowel (colorectal) cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with breast cancer and another with ovarian cancer 2 relatives with b		
No I don't know (not answered)  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Pes No I don't know (not answered)  I on't know (not answered)  I relatives with breast cancer 2 relatives with ovarian cancer 2 relatives with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with ovarian cancer 3 relatives with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with ovarian cancer 3 relatives with ovarian cancer 4 relatives with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with ovarian cancer 2 relatives with ovarian cancer 3 relatives with ovarian cancer 4 relatives with ovarian cancer 5 relatives with ovarian cancer 6 relatives with ovarian cancer 7 relatives with ovarian cancer 9 relatives with ovarian canc		,
I don't know (not answered)	Did any woman in your family have breast cancer in both breasts (bilateral cancer)?	
(not answered)  Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  Ves No 1 don't know (not answered)  Did any woman in your family have breast AND ovarian cancer?  Ves No 1 don't know (not answered)  Did any woman in your family have breast cancer before the age of 50?  Ves No 1 don't know (not answered)  Indicate other cancer history in your family (check all that apply)  2 relatives with breast cancer 1 relative with breast cancer 1 relative with breast cancer and another with ovarian ca		
Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?  No I don't know (not answered)  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)  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 bowel (colorectal) cancer 1 relative with breast cancer and another with ovarian 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)  Did at least 1 biopsy show atypical hyperplasia?  Yes No or I don't know		
No I don't know (not answered)  Did any woman in your family have breast AND ovarian cancer?  Did any woman in your family have breast cancer before the age of 50?  Did any woman in your family have breast cancer before the age of 50?  Ves No I don't know (not answered)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  I eatitive with breast cancer  I relative with breast cancer and another with ovarian cancer  I relative with breast cancer and another with ovarian cancer  I relative with breast cancer and another with ovarian cancer  I relative with breast cancer and another with ovarian cancer  I relative with breast cancer and another with ovarian cancer  I relative with breast cancer  I relative wit		(not answered)
Idon'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)  Indicate other cancer history in your family (check all that apply)  2 relatives with breast cancer (2 relatives with bowel (colorectal) cancer (3 relative with breast cancer and another with ovarian cancer (4 relative with breast cancer and another with bowel cancer (5 none of these)  Have you ever had a breast biopsy? (positive or negative results)  O  1  2 or more (not answered)  Ves No or I don't know	Did any first-degree relatives (mothers, sisters, daughters) have ovarian cancer?	Yes
Contains wered		No
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 breast cancer and another with ovarian cancer 1 relative with breast cancer 2 relatives with ovarian cancer 2 relatives with ovarian cancer 3 relatives with ovarian cancer 3 relatives with ovarian cancer 4 relatives with ovarian cancer 5 relatives with ovarian cancer 6 relatives with ovarian cancer 7 relatives with ovarian cancer 8 relatives with ovarian cancer 9 relatives with ovarian c		I don't know
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)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  Indicate other cancer history in your family (check all that apply)  I relatives with breast cancer  I relative with breast cancer and another with ovarian cancer  I relative with breast cancer and another with bowel cancer  None of these  I cor more  (not answered)  Did at least 1 biopsy show atypical hyperplasia?  Yes  No or I don't know		(not answered)
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)  Indicate other cancer history in your family (check all that apply)  Z 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)  O 1 2 or more (not answered)  Did at least 1 biopsy show atypical hyperplasia?  Yes No or I don't know	Did any woman in your family have breast AND ovarian cancer?	Yes
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 ovarian cancer 1 relative with breast cancer and another with ovarian cancer 1 relative with breast cancer and another with bowel cancer None of these  Did at least 1 biopsy show atypical hyperplasia?  Yes No or I don't know		No
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 1 relative with breast cancer and another with ovarian 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)  Yes No or I don't know		I don't know
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 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)
Indicate other cancer history in your family (check all that apply)  2 relatives with breast cancer 2 relatives with ovarian cancer 2 relatives with breast cancer and another with ovarian 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)  Yes No or I don't know	Did any woman in your family have breast cancer before the age of 50?	Yes
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 ovarian cancer None of these  Have you ever had a breast biopsy? (positive or negative results)  0 1 2 or more (not answered)  Yes No or I don't know		No
Indicate other cancer history in your family (check all that apply)  2 relatives with breast 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)  Yes No or I don't know		I don't know
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 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)  Yes No or I don't know		(not answered)
2 relatives with bowel (colorectal) cancer 1 relative with breast cancer and another with ovarian 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)  Yes No or I don't know	Indicate other cancer history in your family (check all that apply)	2 relatives with breast 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) Yes No or I don't know		2 relatives 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) Yes No or I don't know		2 relatives with bowel (colorectal) cancer
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		1 relative with breast cancer and another with ovarian cancer
Have you ever had a breast biopsy? (positive or negative results)  1 2 or more (not answered)  Yes No or I don't know		1 relative with breast cancer and another with bowel cancer
1 2 or more (not answered)  Did at least 1 biopsy show atypical hyperplasia?  Yes No or I don't know		None of these
Did at least 1 biopsy show atypical hyperplasia?  Yes  No or I don't know	Have you ever had a breast biopsy? (positive or negative results)	0
Did at least 1 biopsy show atypical hyperplasia?  Yes  No or I don't know		1
Did at least 1 biopsy show atypical hyperplasia?  Yes  No or I don't know		2 or more
Did at least 1 biopsy show atypical hyperplasia?  Yes  No or I don't know		(not answered)
No or I don't know	Did at least 1 biopsy show atypical hyperplasia?	
(not answered)		No or I don't know
		(not answered)

©2025 Unlock Health. CONFIDENTIAL. DO NOT DISTRIBUTE.