

1. HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS OR TREATMENTS?

BREAST CANCER NO YES IF YES: Date of surgery ___month ___year

MASTECTOMY OR LUMPECTOMY NO YES IF YES: Date of surgery ___month ___year

CANCER OF UTERUS NO YES IF YES: Date of surgery ___month ___year

CANCER OF OVARY NO YES IF YES: Date of surgery ___month ___year

COLON OR RECTUM CANCER NO YES IF YES: Date of surgery ___month ___year

BONE FRACTURE SINCE AGE 35 NO YES IF YES: Date ___month ___year
Which bone? _____

HYSTERECTOMY NO YES IF YES: Date of surgery ___month ___year
IF YES, indicate reason: Cancer Fibroids Excessive Bleeding

OTHER CANCER NO YES IF YES: Diagnosis Date ___month ___year
IF YES, Type of Cancer: _____

BREAST BIOPSY OR ASPIRATION NO YES IF YES: Date ___ month ___ year
IF YES, was the result benign? NO YES

BIRTH CONTROL PILLS IN LAST 12 MONTHS NO YES

FEMALE HORMONES IN LAST 12 MONTHS
(NOT FOR BIRTH CONTROL) NO YES
IF YES: Name of medication _____ Date started ___ month ___ year
Date stopped ___ month ___ year

2. DID YOU EVER SMOKE CIGARETTES? NO YES IF YES: At what age did you start? ___ years old
IF NEVER SMOKED, GO TO QUESTION 3.

* Are you CURRENTLY smoking? NO YES IF NO: When did you stop? ___ years old

* Did you ever stop TEMPORARILY and then start up again? NO YES IF YES: For how many years ALTOGETHER did you stop smoking temporarily? ___ years

* How many cigarettes do/did you usually smoke PER DAY? ___ cigs/day

3. THE REMAINING QUESTIONS ARE ABOUT YOUR GENERAL BACKGROUND.

* What best describes the group you belong to?
European Descent African-American Oriental Latino
Other (specify) _____

* What religion did you grow up with?
Jewish Protestant Catholic Moslem None
Other (specify) _____

* What is the highest grade of school you completed?
Some high school or less Completed high school
Vocational/Technical school Some college
Completed college Some graduate school
Completed graduate school Other
(specify) _____