Reproductive History

Age at first menstrual period: 9 Age at regular menstrual periods: 3
How many times have you been pregnant? (including miscarriages, etc) 3

For all pregnancies list your age, the outcome, and breast feeding history.

**Age:** age at pregnancy outcome
**Outcome:** A - Live Birth, B - Spontaneous miscarriage
C - Therapeutic abortion, D - Still birth

**Full breast fed:** Infant received breast milk as primary fluid
**Partial breast fed:** Infant received milk/food in addition to breast milk

<table>
<thead>
<tr>
<th>Age</th>
<th>Pregnancy Outcome</th>
<th>Breast Fed</th>
<th>Months fully</th>
<th>Months partial</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>B - Spontaneous Miscarriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>A - Live birth</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>A - Live birth</td>
<td>no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Menopausal Status:
1. What was your menopausal status when you were diagnosed with breast cancer?
   Pre - Normal Menstrual Cycles
2. What is your current menopausal status?
   Post - Menstrual Cycle for 1 year or more
   If PRE/PERI, Date last menstrual cycle: 04/15/99
   If POST, Age at menopause: 50
3. If you have gone through menopause, what was it due to?
   Natural Aging Process

Surgical History:
1. Have you had a hysterectomy? No If yes, Age
2. Have you had only one ovary removed? No If yes, Age:
3. Have you had both ovaries removed? No If yes at same time, Age
   If yes at different time, Age of first removal Age at second

Hormone Use History:
1. Ever use hormonal birth control? Yes If yes, what type? Pills
   Age first used: 19 Age last used: 43 No. of years taken: 2
2. Ever use hormone replacement therapy? no
   If yes, what type?
   Age first used: Age last used: No of years used:
3. Prior to the biopsy which resulted in your diagnosis of breast cancer, did you have other breast biopsies? No If yes, how many?