
"Volunteer Demographic and Medical History Questionnaire"

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**Personal Information**

1. Age (Years):
   - 18-30
   - 30-45
   - 45-50
   - 50-60
   - 60+

2. Birthday: ____/____/____ (MM/DD/YY)

3. Height: _________ in.

4. Weight: _________ lbs.

5. Bra size: A  B  C  D
   
   Chest measurement: 30  32  34  36  38  40  42  44  ≥46

6. Have you had substantial weight gain or loss (≥25 lbs.) in the last 10 years?
   - No
   - Yes How many lbs.? _____ Most recent year? _____

7. Ethnicity:
   - American Indian or Alaskan
   - Asian
   - Black (not Hispanic)
   - Hawaiian or Pacific Islander
   - Hispanic (or Mexican American)
   - White (not Hispanic)
   - Other: ___________

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**Hormonal Status and History**

8. Hormonal status:
   - Menstrual
   - Pre-menopausal
   - Menopausal
   - Post-menopausal
9. Age at first menstruation: _________ yrs.

10. Date of last menstruation: ___/___/____ (MM/DD/YY)

11. Are you taking hormone drugs (e.g. birth control pills, hormone replacement therapy, etc.)?
   o No
   o Yes No. of Years taken? ____ Date last taken? ____/____ (MM/YY)

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Pregnancy History

12. Have you ever been pregnant?
   o No
   o Yes No. of times? ____ Date(s): __________________ (MM/YY)

13. Of these, have any ended in miscarriages or abortions?
   o No
   o Yes No. of times? ____ Date(s): __________________ (MM/YY)

14. Have you breastfeed (or nursed) after any of your live deliveries?
   o No
   o Yes No. of times? ____

To the best of your recollection:

<table>
<thead>
<tr>
<th>Nursing Period</th>
<th>Began: <em><strong>/</strong></em> (MM/YY)</th>
<th>Ended: <em><strong>/</strong></em> (MM/YY)</th>
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<tbody>
<tr>
<td>1st nursing period</td>
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<td>2nd nursing period</td>
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<td>4th nursing period</td>
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<tr>
<td>5th nursing period</td>
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*Please note the same information for any additional nursing periods in the Notes section on the last page.*

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Volunteer Medical History

15. Are you currently experiencing any medically–related problems with your breasts that might require a full, medical breast physical examination conducted by a physician?
   o No
   o Yes, please describe ________________________________________________
16. Are you currently diagnosed with breast cancer?
   o No
   o Yes

17. Are you currently diagnosed with a breast disease or complication?
   o No
   o Yes, please describe ___________________________________________________________

18. Are you currently diagnosed with any connective tissue diseases (*e.g.*, scleroderma, systemic lupus erythematosis)?
   o No
   o Yes, please describe ___________________________________________________________

19. Are you currently experiencing local cutaneous disorders affecting the breast (*e.g.*, psoriasis, contact dermatitis)?
   o No
   o Yes, please describe ___________________________________________________________

20. Have you ever had any breast surgeries, including but not limited to a lumpectomy, or breast reconstruction?
   o No
   o Yes

21. Have you ever had an allergic reaction to medical adhesive tape?
   o No
   o Yes, please describe ___________________________________________________________

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*Family Medical History*

22. Has either of your parents ever been diagnosed with having breast cancer or breast disease?
Father:
○ No
○ Yes, diagnosis ___________
    Age at diagnosis ________ yrs.

Mother:
○ No
○ Yes, diagnosis ___________
    Age at diagnosis ________ yrs.

23. Has any of your relatives (aunts, grandmothers) ever been diagnosed with having breast cancer or breast disease?

   Paternal Grandmother: ○ No
                                   ○ Yes, diagnosis ___________
                                   Age at diagnosis ________ yrs.

   Maternal Grandmother: ○ No
                                   ○ Yes, diagnosis ___________
                                   Age at diagnosis ________ yrs.

   Paternal Aunts: ○ No
                                   ○ Yes, diagnosis ___________
                                   Age at diagnosis ________ yrs.

   Maternal Aunts: ○ No
                                   ○ Yes, diagnosis ___________
                                   Age at diagnosis ________ yrs.

For Investigator Use Only

Eligible for participation: __________

Duration of the test: __________

LEFT BREAST: ○_________ ○_________

Sternal notch to Nipple: ________ Sternal notch to Nipple: ________

Nipple to Inframammary Fold: ________ Nipple to Inframammary Fold: ________

Nipple to Body Centerline: ________ Nipple to Body Centerline: ________

RIGHT BREAST: ○_________ ○_________

Notes: