

**BREAST CANCER STUDY
GAIL RISK DATA**

ID:

ID

Is patient from the Comprehensive Breast Center? NO YES

BCP

Q1. Date of Birth (MM/DD/YYYY): / / **DOB**

Q2. Date of Procedure (MM/DD/YYYY): / / **DOP** Q3. Age at diagnosis of atypia: Yrs **AGE_ATYP**

Q4. Age at Menarche: Yrs. *ENTER 99 IF UNKNOWN* **MENARCHE**

Q5. Number of times pregnant: **GRAVID** *ENTER 99 IF UNKNOWN* Q6. Number of live births: **PARITY** *ENTER 99 IF UNKNOWN*

Q7. Age at first live birth: Yrs *ENTER 99 IF UNKNOWN* **AGE_FLB**

Q8. Number of previous breast biopsies: *ENTER 99 IF UNKNOWN* **NUMBIOPS**
(including current diagnosis of atypia)

Q9. Number of 1st degree female relatives with breast cancer: *ENTER 99 IF UNKNOWN* **NUM1STDEG**
(ie: mother, sisters, daughters)

Q10. Number of 2nd degree relatives with breast cancer: *ENTER 99 IF UNKNOWN* **NUM2NDDEG**

Q11. Date of Last Menstrual Period: / / **LMP_MON** **LMP_DAY** **LMP_YR**
ENTER 99 OR 9999 IF UNKNOWN MM / DD / YYYY

Q12. Menopausal Status: Premenopausal Perimenopausal Postmenopausal UNKNOWN **MENSTAT**

Q13. History of Breast Feeding: NO YES UNKNOWN **BRSTFEED**

Q14. History of hormone replacement therapy: NO YES UNKNOWN **HRT**

Q15. Any current non-steroidal anti-inflammatory use: NO YES UNKNOWN **NSAID**
(Aspirin, Ibuprofen etc.)

Q16. Is patient of Ashkenazi Jewish, Dutch, Icelandic, or French Canadian descent? NO Ashkenazi Jewish Dutch UNKNOWN Icelandic French Canadian **ASHKENAZI**

Q17. Is patient Hispanic/Latina? NO YES UNKNOWN **HISPANIC**

Q18. Racial Background (*CHOOSE ONE RESPONSE*):
 White Black or African American Asian Pacific Islander Native American or Alaska Native
 Multiracial Other UNKNOWN **RACE**

Q19. Specify Ethnicity: **ETHNICITY**