**RISK ASSESSMENT QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>1. Prefer to participate</th>
<th>2. Participated earlier this year</th>
<th>3. Have previously been identified as high risk</th>
<th>4. Have you ever been diagnosed with invasive breast cancer?</th>
<th>5. Have you ever been diagnosed with lobular carcinoma in situ?</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>A*</td>
<td>B*</td>
<td>C*</td>
<td>D1</td>
<td>D2</td>
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</tbody>
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*If you are between the ages of 35-85, please answer all of the questions.  
*If you are younger than 35 or older than 85, please skip to Family History below:

**MODIFIED GAIL MODEL**

- What is your age? **Years**
- At what age did you start your menstrual period? **Years**
- What was your age when your first child was born? **Years**
- How many of your sisters, daughters or mother have had breast cancer?  
- Have you ever had a breast biopsy?  
  - a. How many biopsies have you had? **Any type**
  - b. Have you had at least one biopsy with atypical hyperplasia (pre-cancerous cells)  
- What is your ethnicity/race? *(please select one)*  
  - White*  
  - American Indian or Alaskan native  
  - African American  
  - Hispanic  
  - Asian or Pacific Islander  
  - Unknown

**Family History of Cancer:** Consider mother’s AND father’s side - if you don’t know exact information regarding your family history, do the best you can, it is ok to estimate age of diagnosis *(i.e., 50’s, 60’s)*

- Do you have any blood relatives that have been diagnosed with cancer?  
  - Mother  
  - Father  
  - Daughter(s)  
  - Son(s)  
  - Grandmother  
  - Grandfather  
  - Aunt(s)  
  - Uncles(s)  
  - Cousin(s)  

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Continued on back
PerSonal MeDICal HIstory

Have you had Chest radiation for Hodgkin’s Lymphoma or Chest radiation for another cancer before age 30? (This does not include radiation for breast cancer)

- □ Unknown
- □ Yes
- □ No

Have you had genetic testing for BRCA1 & BRCA2 genes?

- □ Unknown
- □ Yes
- □ No

If yes, what are the BRCA 1/2 genetic test results:

- □ Unknown
- □ Negative
- □ Positive

Have you had other genetic tests performed?

- □ Unknown
- □ Yes
- □ No

If yes, what tests and what are the results? (please list)

1. __________________________________________
2. __________________________________________

PerSonal rISk FaCtorS

Ashkenazi Jewish

- □ Yes
- □ No

History of ovarian cancer?

- □ Yes
- □ No  If yes, age: __________

History of endometrial/uterine cancer?

- □ Yes
- □ No  If yes, age: __________

History of other cancer?

- □ Yes
- □ No  If yes, age: __________

What type? __________________________

This information will help us to better understand your risk for breast cancer and will help us to determine the most effective way to manage that risk.

You may be contacted by Dana Hoffman, a nurse practitioner in our cancer genetics clinic, or Hilary Tarsney, Coordinator of our high risk clinic, to discuss this information.

Please list your preferred phone # ____________________________,  □ it is okay to leave a detailed message

Best time to call: __________________________

Signature: __________________________________________ Date: __________________________

High Risk Breast Program Use only

Gail Model Lifetime Risk: %

Tyrrer-Cuzick Lifetime Risk: %

□ NOT HIGH RISK

Reviewed by: __________________________ Date: __________________________

□ Letter sent to patient: Date/Sender: __________________________

□ Letter faxed to HCP Date/Sender: __________________________

□ Appointment Date: __________________________ Time: __________________________

□ Genetics paperwork sent to patient

□ Patient declined follow-up