KAISER PERMANENTE®

Name: _____

Today's date: _____

Breast Cancer Risk Questionnaire

1. Have you ever had **breast cancer**? ☐ Yes ☐ No
   1a. If **YES**, what age were you first diagnosed: ☐ Under 50 ☐ 50 or older

2. Have you ever had **ovarian cancer**? ☐ Yes ☐ No

3. Did you have any radiation therapy to the chest for Hodgkin's disease between the ages of 10-30?
   ☐ Yes ☐ No

4. Have you gone through menopause (no periods for at least 1 year)? ☐ Yes ☐ No
   4a. If **YES**, age at menopause: _____
   4b. Was your menopause: ☐ Natural (regular aging)
   ☐ Surgical (ovaries removed)
   ☐ For other reasons: _____

5. Have you ever had a breast biopsy? ☐ Yes ☐ No

6. Do you or a blood relative have a known BRCA1 or BRCA2 gene mutation, Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome? ☐ Yes ☐ No ☐ Don't know

7. Have any of your blood relatives ever had **breast OR ovarian cancer**? ☐ Yes ☐ No ☐ Don't know
   → If **NO**, STOP. You are done with this form.
   → If **YES or DON'T KNOW**, please fill out the rest of this form to the best of your ability.

8. Have any of your blood relatives had **breast cancer**? ☐ Yes ☐ No ☐ Don't know

If No or Don't know, please skip to #9.

   8a. Have your mother, sister, or daughter had breast cancer? ☐ Yes ☐ No ☐ Don't know
   8b. If **YES**, please check all that apply to you:
   ☐ My mother, sister, or daughter had breast cancer before age 50
   ☐ My mother, sister, or daughter had breast cancer in both breasts
   ☐ None of these apply to me
   8c. Have any of your **other** blood relatives had breast cancer? ☐ Yes ☐ No ☐ Don't know
   8d. If **YES**, please check all that apply to you:
   ☐ 2 or more relatives on the same side of my family had breast cancer before age 50
   ☐ 3 or more relatives had breast cancer (at any age)
   ☐ None of these apply to me
   8e. Do you have at least one male relative who has had breast cancer? ☐ Yes ☐ No ☐ Don't know

9. Have any of your blood relatives had **ovarian cancer**? ☐ Yes ☐ No ☐ Don't know
   9a. If **YES**, have 2 or more relatives on the same side of your family had ovarian cancer?
   ☐ Yes ☐ No ☐ Don't know

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10. These are very specific factors that may affect your risk. Please check all that apply:

- ☐ My mother, sister, or daughter had both breast AND ovarian cancer
- ☐ I have 1 blood relative with **breast cancer** AND another blood relative with **ovarian cancer** on the same side of my family
- ☐ I have 1 or more blood relatives of Ashkenazi Jewish ancestry with breast OR ovarian cancer
- ☐ None of these apply to me

FOR STAFF ONLY: Document responses in Epic using the BCRQ flowsheet.

DO NOT SCAN INTO THE MEDICAL RECORD