►What is your height? …….… cm	►What is your weight? ……kg
►What is your date of birth? ……..…	►How old are you? …….……years
►Do you have a regular menstrual period? ►if not, since when?	☐ no ☐ yes Since month:…..... year:……
►Do you use hormonal replacement therapy?	☐ no ☐ yes
►How many children do you have? ►What was your age at your first delivery?	……children at the age of ……..years
►Did you ever underwent a breast biopsy? (e.g. surgery or needle biopsy)	☐ no ☐ yes
►Did your mother have a history of breast cancer? ►if yes, at which age?	☐ no ☐ yes at the age of ……..years
►Did your mother have a history of ovarian cancer? ►if yes, at which age?	☐ no ☐ yes at the age of ……..years
►Do you have sisters? ►Did one or more of your sister have a history of breast cancer? ►If yes, at which age? sister 1: sister 2:	☐ no ☐ yes ☐ no ☐ yes at the age of ……..years at the age of ……..years
►Did one or more of your sister have a history of ovarian cancer? ►If yes, at which age? sister 1: sister 2:	☐ no ☐ yes at the age of ……..years at the age of ……..years
►Are there any other family members with a history of breast cancer?	☐ no ☐ yes
►if yes, who? **person 1** …….. at the age of …years **person 2**……..… at the age of ……..years	
►Are there any other family members with a history of ovarian cancer?	☐ no ☐ yes
►if yes, who? **person 1** …….. at the age of …years **person 2**……..… at the age of ……..years	
► If analyzed, would you like to know the genetic result and corresponding risk?	☐ no ☐ yes