

**DEMOGRAPHY & BODY SIZE**

**1. Date of birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 month      day      year

**2. What is your present height (without shoes)?**

\_\_\_\_\_ feet \_\_\_\_\_ inches

**3. What was your height (without shoes) when you were the tallest?**

\_\_\_\_\_ feet \_\_\_\_\_ inches

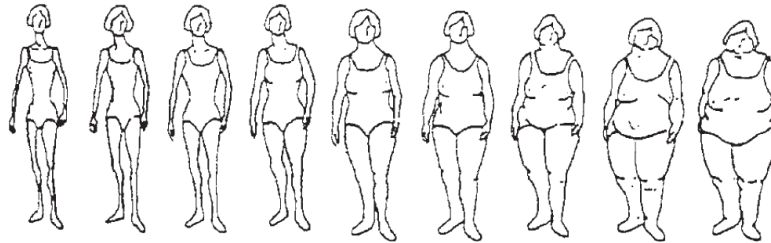
**4. What was your weight 1 year prior to your breast cancer diagnosis?**

\_\_\_\_\_ lbs

**5. What was your weight at each of the following ages?**

Age 18: \_\_\_\_\_ lbs      Age 30: \_\_\_\_\_ lbs      Age 45: \_\_\_\_\_ lbs

**6. Which diagram best depicts your outline at each age?**



<b>Age 5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age 10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age 18</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REPRODUCTIVE FACTORS**

**7. At what age did your menstrual periods begin?**

9 years or less     10     11     12     13     14     15     16 or older     Never had a period

**8a. Did you give birth to a child prior to your breast cancer diagnosis?** Do not include miscarriages in the first 5 months of pregnancy or children delivered post diagnosis.

No     Yes

	<p><b>8b. How many times did you give birth prior to your breast cancer diagnosis?</b></p> <p><input type="checkbox"/> 1    <input type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4    <input type="checkbox"/> 5 or more</p>
	<p><b>8c. How old were you when your first child was born?</b></p> <p><input type="checkbox"/> 19 years or younger    <input type="checkbox"/> 20-24    <input type="checkbox"/> 25-29    <input type="checkbox"/> 30-34    <input type="checkbox"/> 35-39    <input type="checkbox"/> 40 or older</p>
	<p><b>8d. Did you breastfeed any of your children prior to your breast cancer diagnosis?</b></p> <p><input type="checkbox"/> No, I did not breastfeed any children  <input type="checkbox"/> Yes, I breastfed for a <b>total duration</b> of _____ months (include all children breastfed)</p>

**9. Did you have any menstrual periods in the 12 months prior to your breast cancer diagnosis?**

No     Yes     Yes, because I was taking hormones     Don't know

**10. How old were you when your natural menstrual periods stopped permanently?**

Provide your best estimate.

\_\_\_\_\_ years     Still menstruating

