



HIGH RISK - TYRER CUZICK QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS

REPRODUCTIVE / MENSTRUAL HISTORY / HEALTH HISTORY

CURRENT AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE AT FIRST PERIOD: \_\_\_\_\_

MENOPAUSE STATUS : (Circle) PREMENOPAUSE (Still having periods) POST (no periods) at Age: \_\_\_\_\_

HORMONE REPLACEMENT USE: (Circle) NO YES - How long ago? Under 5 years ago More than 5 years ago

HISTORY OF PREGNANCY: NO YES - AGE AT FIRST DELIVERY: \_\_\_\_\_

ARE YOU ASHKENAZI JEWISH DESCENT? (circle) YES NO

BIOPSY HISTORY

HAVE YOU EVER HAD A BREAST BIOPSY? (circle) NO YES (if yes, how many biopsies) \_\_\_\_\_

IF YOU HAVE HAD A BIOPSY WHAT WERE THE FINDINGS (check):

- \_\_\_ NO DISEASE / BENIGN FINDINGS
\_\_\_ USUAL HYPERPLASIA or PROLIFERATIVE DISEASE, PAPILLOMA or SCLEROSING ADENOSIS. (All Benign findings)
\_\_\_ ATYPICAL HYPERPLASIA (DUCTAL OR LOBULAR)
\_\_\_ LCIS - LOBULAR CARCINOMA IN SITU

FAMILY HISTORY

DO YOU HAVE A FAMILY HISTORY OF BREAST CANCER? (Circle) NO YES (If yes complete below)

FIRST DEGREE RELATIVES: Mother, Father, Sister, Brother

FAMILY MEMBER: \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ DIAGNOSED MORE THAN ONCE: Y or N

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SECOND DEGREE RELATIVES: Grandmother, Grandfather, Aunt, Uncle

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

THIRD DEGREE RELATIVES: Cousins \*\*\*List only cousins diagnosed with Breast Cancer that also had a Parent diagnosed with Breast Cancer. Example: Maternal Aunt and her daughter, your cousin, were both diagnosed with breast cancer.

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

## FAMILY HISTORY

**DO YOU HAVE A FAMILY HISTORY OF OVARIAN CANCER?** (Circle) NO YES (If yes complete below)

**FIRST DEGREE RELATIVES:** Mother, Father, Sister, Brother

FAMILY MEMBER: \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ ALSO HAD BREAST CANCER? Y or N

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**SECOND DEGREE RELATIVES:** Grandmother, Grandfather, Aunt, Uncle

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

**THIRD DEGREE RELATIVES:** Cousins \*\*\**List only cousins diagnosed with Ovarian Cancer that also had a Parent diagnosed with Ovarian Cancer. Example: Maternal Aunt and her daughter, your cousin, were both diagnosed with ovarian cancer.*

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

FAMILY MEMBER : \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_ Circle: Mother's Side or Father's Side

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## GENETIC TESTING

**HAVE YOU OR ANY FAMILY MEMBER HAD GENETIC TESTING?** (Circle) NO YES (If yes complete below)

**WHO WAS TESTED?** \_\_\_\_\_

**WHERE WAS THE TESTING PERFORMED?** \_\_\_\_\_

**WHEN WAS THE TESTING PERFORMED?** \_\_\_\_\_

**DO YOU KNOW WHAT TYPE OF TESTING WAS PERFORMED?** \_\_\_\_\_

**WHAT WERE THE RESULTS OF THE TESTING?** \_\_\_\_\_

**IF NO TESTING HAS BEEN PERFORMED HAVE YOU EVER MET WITH A GENETIC COUNSELOR ABOUT BEING TESTED?** NO or YES - Where were you counseled? \_\_\_\_\_

**ARE YOU INTERESTED IN GENETIC TESTING?** NO or YES

**IF INTERESTED IN GENETIC TESTING PLEASE PROVIDE THE NAME OF YOUR INSURANCE COMPANY BELOW:**

PRIMARY INSURANCE: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_