



CANCER RISK QUESTIONNAIRE

Patient Chart No. _____

Name _____ Date of Birth _____

FOR WOMEN ONLY

BREAST CANCER

YES NO

- I have had breast cancer.
- Someone in my family has had breast cancer.
Who? _____
- I am over 50 years of age.
- I have had surgery for "lumps" in the breast.
- I have had a female cancer (womb or ovary).
- I gave birth to my first child after age 35.
- I am 35 years old or older and have not been pregnant to full term (9 months).

CERVICAL CANCER

YES NO

- I have had an abnormal pap smear.
- It has been longer than one year since my last pap smear.
- I have had more than 1 sexual partner.
- I began intercourse before age 18.
- I have had genital warts.
- I smoke cigarettes.
- I have a history of bleeding after intercourse or between periods.

SKIN CANCER

YES NO

- I have light colored hair, eyes or complexion.
- I have a large number of "moles" or moles that are large or irregular in shape or color.
- I frequently work or play in the sun.
- I was sunburned (blistered) several times before age 20.
- My skin is frequently exposed to chemicals or radioactive materials (arsenic, coal, petroleum, uranium, radioisotopes).
- I have a family history of skin cancer.
- I have been to tanning salons.

LUNG CANCER

YES NO

- I smoke cigarettes.
- I have smoked cigarettes.
(How long? _____ date quit? _____)
- I am over 40 years of age.
- I am exposed to other people's cigarette smoke.
- At work, I am exposed to arsenic, asbestor, chromates, nickel, petroleum, or uranium.
- Someone in my family has had lung cancer.
Who? _____

COLON CANCER

YES NO

- I have had colon cancer.
- A family member has had colon cancer.
Who? _____
- I have had polyp(s) in the colon.
- I have had Crohn's disease or ulcerative colitis.
- I have had a recent change from my usual bowel movements.
- I have noticed blood in my bowel movements.
- I am over 50 years of age.

GENERAL HEALTH

YES NO

- I have had cancer.
- There is a history of cancer in my immediate family.
- I am 15 or more pounds overweight.
- I eat a diet high in fat content.
- I eat fewer than 5 servings of fruit and vegetables per day.
- I use chewing tobacco or snuff.
- I have not had a complete physical in at least five years.
- I drink alcohol regularly.
- I have not been to a dentist in over three years.