**Preliminary questionnaire for breast cancer screening**

When You participate in breast cancer screening for the first time, we kindly ask You to answer the following questions.

**Name:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Yes No**

**Do You have any breast symptoms? \_\_\_\_ \_\_\_\_**

**Have You had breast surgery? \_\_\_\_ \_\_\_\_**

**Do You use any hormone replacement therapy? \_\_\_\_ \_\_\_\_**

**Have You been diagnosed with breast cancer? \_\_\_\_ \_\_\_\_**

**Have You been diagnosed with cancer other than breast cancer? \_\_\_\_ \_\_\_\_**

**Do You have breast cancer in Your family? \_\_\_\_ \_\_\_\_**

**Have You had mammogram before? \_\_\_\_ \_\_\_\_**

**When and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please, take this form with You to the imaging room.**