

E. FAMILY HISTORY

Father's Age _____ Deceased? YES ___ NO ___ Cause of Death _____ Age at Death _____

Mother's Age _____ Deceased? YES ___ NO ___ Cause of Death _____ Age at Death _____

Number of Siblings _____ Number of Children _____

Has anyone in your family ever had: YES NO If yes, what family member?

1. High blood pressure _____
2. Heart disease _____
3. Diabetes _____
4. Cancer _____
5. Kidney failure _____
6. Mental illness _____
7. Alcoholism _____
8. Tuberculosis _____
9. Are there any other illnesses that run in your family? _____

F. MALES ONLY

1. When was your last prostate exam? _____ Was it abnormal? YES ___ NO ___
2. Have you ever had a PSA test? YES ___ NO ___ If yes, was it abnormal? YES ___ NO ___
3. How many times do you get up at night to urinate? _____

G. FEMALES ONLY

1. How old were you when you started your periods? _____
2. Are you post-menopausal? YES ___ NO ___ If yes, at what age did your periods stop? _____
3. Are your periods regular? YES ___ NO ___
 - a. If irregular, explain. _____
 - b. If regular, how many days lapse between your periods? (For example, the average cycle is 28 to 32 days) _____
 - c. How many days do you flow? _____
 - d. Do you suffer from menstrual cramps or other menstrual problems? Explain. _____
4. Date of beginning of last menstrual period _____ Date of last pap smear _____

History of any abnormal paps _____

Any breast lumps _____ Date of last mammogram _____ Any abnormal mammograms _____

Was a breast biopsy done? YES ___ NO ___

Do you practice self breast exams? YES ___ NO ___
5. Pregnancy history. If you have ever been pregnant, please answer the following:
 - a. How many children do you have? _____
 - b. Did you have any complications with your pregnancies? Explain. _____
 - c. Have you had any abortions or miscarriages? YES ___ NO ___
 - d. Have you had an ectopic pregnancy? YES ___ NO ___