

**OREGON PLASTIC SURGEONS  
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**Breast Questionnaire**

Please print and complete all Items

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your particular breast concern? \_\_\_\_\_  
\_\_\_\_\_
2. Does this run in female members of your family? \_\_\_\_\_ If yes, who? \_\_\_\_\_
3. What is your height? \_\_\_\_\_ Weight? \_\_\_\_\_ Bra Size? \_\_\_\_\_ Padded or Unpadded
4. How old were you when you began menstruating? \_\_\_\_\_ Date of your last period \_\_\_\_\_
5. How many times have you been pregnant? \_\_\_\_\_ How many children do you have? \_\_\_\_\_
6. Did you breast feed? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
7. Did your breast size change with pregnancy? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
8. When was your last mammogram? \_\_\_\_\_ Was it normal? \_\_\_\_\_
9. Have you ever been diagnosed with any breast diseases or breast tumors? \_\_\_\_\_  
If yes, please explain (type, date of surgery if any, and doctor) \_\_\_\_\_  
\_\_\_\_\_
10. Has anyone in your family had any breast disease or tumors? \_\_\_\_\_
11. How is your general health? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
12. Have you ever had any major illnesses or injuries? \_\_\_\_\_  
If yes, please specify \_\_\_\_\_
13. Do you have any unusual bleeding tendencies? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
14. Have you ever taken any hormones or birth control pills on a regular basis? \_\_\_\_\_  
If yes, please list \_\_\_\_\_
15. Do you smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_  
Do you drink? \_\_\_\_\_ If yes, how much? \_\_\_\_\_