UHSM
Your Hospital

# PROCAS
Predicting the Risk Of Cancer At Screening

University Hospital of South Manchester
NHS Foundation Trust

**We would be grateful if you would fill in this questionnaire before attending for screening. Please complete all sections.**
**If you have any questions please call 0161 291 4408 or 07907 846402**

Please try and give an accurate answer to each question, and make sure you answer all questions. If you don't know the answer to a question, please write "unknown". If you can't remember dates or other information precisely just do the best you can and tick the box that shows how certain you are about your answer.

*All information collected will be kept completely confidential and is for research purposes only.*

**Please bring your completed questionnaire to your mammogram appointment. Thank you**

Name: .....

Postcode: .....

Date of birth: .....

| | How sure are you? |
|---|---|
| Height _____ ft _____ in OR _____ cm | Not sure ☐ Fairly sure ☐ Certain ☐ |
| Weight now _____ st _____ lb OR _____ kg | Not sure ☐ Fairly sure ☐ Certain ☐ |
| Weight at age 20: _____ st _____ lb OR _____ kg | Not sure ☐ Fairly sure ☐ Certain ☐ |
| What is your current UK clothes size for trousers / skirts? (i.e. size 10, 14, 20) _____ | Not sure ☐ Fairly sure ☐ Certain ☐ |
| At what age did you have your first period? _____ yrs | Not sure ☐ Fairly sure ☐ Certain ☐ |

Have you had a hysterectomy? Yes ☐ No ☐

If yes, at what age did you have your hysterectomy? _____ yrs

| | |
|---|---|
| Have you been through the menopause ("the change") yet? Yes ☐ No ☐ | Not sure ☐ Fairly sure ☐ Certain ☐ |
| If not, are you currently going through the menopause? Unknown ☐ Yes ☐ No ☐ | Not sure ☐ Fairly sure ☐ Certain ☐ |
| If you answered 'yes' to either of the above, at what age did you start going through the menopause? _____ yrs | Not sure ☐ Fairly sure ☐ Certain ☐ |

| | |
|---|---|
| Have you ever been on Hormone Replacement Therapy (HRT)? Yes ☐ No ☐ | Not sure ☐ Fairly sure ☐ Certain ☐ |
| If yes, please answer the following questions: | |
| Please specify the type of HRT (circle one option below) | |
| Oestrogen only Combined Unknown | Not sure ☐ Fairly sure ☐ Certain ☐ |
| How many years were you on HRT? _____ yrs | Not sure ☐ Fairly sure ☐ Certain ☐ |
| Are you still on HRT? Yes ☐ No ☐ | |
| If not, how long ago did you stop? _____ | Not sure ☐ Fairly sure ☐ Certain ☐ |

| | |
|---|---|
| How many sisters do you have? (please circle) 0 1 2 3 4 5 6 7+ Unknown | Not sure ☐ Fairly sure ☐ Certain ☐ |

**PLEASE TURN OVER**

Have you had any children? Yes ☐ No ☐

If yes, please answer the following questions:

How many children? _____

How old were you at your first pregnancy? _____ yrs

Not sure ☐ Fairly sure ☐ Certain ☐

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Has your mother or a sister had breast cancer?

Unknown ☐ Yes ☐ No ☐

Not sure ☐ Fairly sure ☐ Certain ☐

If yes, please specify mother/sister **and** what age they were:

_____ Age: _____ yrs Not sure ☐ Fairly sure ☐ Certain ☐

_____ Age: _____ yrs Not sure ☐ Fairly sure ☐ Certain ☐

_____ Age: _____ yrs Not sure ☐ Fairly sure ☐ Certain ☐

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Has any other relative developed breast cancer?

Unknown ☐ Yes ☐ No ☐

Not sure ☐ Fairly sure ☐ Certain ☐

If yes, please specify relationship (e.g. maternal aunt) **and** what age they were:

_____ Age: _____ yrs Not sure ☐ Fairly sure ☐ Certain ☐

_____ Age: _____ yrs Not sure ☐ Fairly sure ☐ Certain ☐

_____ Age: _____ yrs Not sure ☐ Fairly sure ☐ Certain ☐

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Have you ever had a biopsy of your breast? Yes ☐ No ☐

If yes, please state which hospital / breast screening centre you attended and the date:

Location _____ Date: _____

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How much moderate / vigorous activity have you done during the past week?

(include activities where you feel warm and slightly out of breath, including brisk walking, cycling, swimming, exercise classes, housework, DIY, gardening, other sports or work related activities)

_____ hours _____ mins

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Do you drink alcohol? Yes ☐ No ☐

If yes, how many units per week, on average?
(one unit = ½ pint of beer/lager, small (125ml) glass of wine, 1 measure of spirits)

_____ Units

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| **Ethnic or other origin (please tick all that apply)** | | | |
|---|---|---|---|
| Asian or Asian British – Bangladeshi, Indian, Pakistani, Chinese | | Mixed – White and Black Africa / Asian / Black Caribbean | |
| Black or Black British – African or Caribbean | | White – British or Irish | |
| Jewish | | Other – please specify | |