Breast Cancer Risk Assessment Questionnaire

Tyrer-Cuzick (IBIS) Lifetime Risk Score

Virginia Oncology Associates | Complete prior to your appointment

Why are we asking these questions? The Tyrer-Cuzick model estimates your lifetime risk of breast cancer using your personal health history, reproductive history, body measurements, and family history. There are no right or wrong answers — answer as accurately as you can. If you are unsure, leave it blank and we will discuss it at your appointment.

PATIENT INFORMATION

Full Name: ____

Date of Birth:	**Today's Date:**	**Last Mammogram:**	**MRN / DOB:**
____________________	____________________	____________________	____________________

SECTION 1 — ABOUT YOU (Personal History)

1. Current Age: *[TC: Current Age]*

Age: ______ years

2. Height and Weight: *[TC: Height & Weight (BMI)]*

Height: _____ ft _____ in	**Weight:** ________ lbs.

3. What is your race / ethnicity?

☐ White / Caucasian	☐ Black / African American	☐ Hispanic / Latina	☐ Asian / Pacific Islander	☐ Ashkenazi Jewish	☐ Other / Unknown

4. Have you ever been diagnosed with any type of cancer (other than breast cancer)?

☐ No ☐ Yes — Type: ____________________ Year diagnosed: ________

SECTION 2 — REPRODUCTIVE HISTORY

5. At what age did your menstrual periods start? *[TC: Age at menarche]*

Age: ______ ☐ Don't remember (*estimate age is OK*)

6. Have you given birth to one or more children? *[TC: Childbirth / Age at first live birth]*

☐ No ☐ Yes

If yes — How many live births: _____ Age at FIRST live birth: ______

7. Have your periods stopped (menopause)? *[TC: Menopausal status & age]*

☐ No, I still have regular periods

☐ In menopause now (irregular / transitioning)

☐ Yes, naturally — Age when periods stopped: ______

☐ Yes, surgical (ovaries removed) — Age at surgery: ______

☐ Yes, due to treatment (chemotherapy / medication)

☐ Not sure

8. Have you ever taken hormone replacement therapy (HRT)? *[TC: HRT type, duration, recency]*

☐ No, never → Skip to Question 9

☐ Yes, estrogen only

☐ Yes, estrogen + progesterone combined

☐ Not sure of type

Approximately how many years total: ______ ☐ Currently using ☐ Stopped — # years ago: _____

SECTION 3 — GENETIC & OVARIAN HISTORY

9. Have you ever had genetic testing for cancer risk? *[TC: BRCA gene status]*

☐ No ☐ In progress ☐ Yes — Result (select below)

☐ BRCA1 positive ☐ BRCA2 positive ☐ PALB2 ☐ CHEK2 ☐ ATM ☐ Other: ____________

☐ Negative (no mutation found) ☐ Variant of uncertain significance (VUS) ☐ Don't know results

10. Have you ever been diagnosed with OVARIAN cancer? *[TC: Ovarian cancer history]*

☐ No ☐ Yes — Age at diagnosis: ______

11. Do you know if any blood relatives have tested positive for a gene mutation? *[TC: Family genetic testing]*

☐ No / Not aware ☐ Yes — Gene: __________ Who (e.g., mother, sister): __________________

SECTION 4 — BREAST HISTORY

12. Have you ever been told you have dense breast tissue? *[TC: Breast density (BI-RADS)]*

☐ No ☐ Yes ☐ Not sure

13. Have you ever had a breast biopsy? *[TC: Biopsy / benign disease]*

☐ No ☐ Not sure ☐ Yes — How many biopsies in total? ☐ 1 ☐ 2 ☐ 3 or more

If yes, did any biopsy show atypical cells?

☐ No / Not sure ☐ Yes — check all that apply:

☐ Atypical Ductal Hyperplasia (ADH)	☐ Atypical Lobular Hyperplasia (ALH)	☐ Lobular Carcinoma In Situ (LCIS)	☐ Hyperplasia (not atypia)

14. Have you ever had breast cancer?

☐ No ☐ Yes — Age at diagnosis: ______ ☐ Right breast ☐ Left breast ☐ Both

Note: If yes, the TC tool does not calculate risk — please inform staff.

15. Have you ever received radiation therapy to your chest?

☐ No ☐ Yes — Age when treated: _______ Reason: ___________________________________

SECTION 5 — FAMILY HISTORY OF CANCER

"Blood relatives" means people related by birth — not by marriage. Include relatives on BOTH your mother's side AND your father's side. Fill in age at diagnosis if you know it; if not, just check the box. Ovarian cancer in relatives is also important — please note it if known.

MOTHER'S SIDE

Relative	Breast Cancer?	Age at Dx	Ovarian Cancer?	Other Cancer (type & age)
Mother	☐ Yes ☐ No ☐ Unk	______	☐ Yes ☐ No	___________________________________
Maternal Grandmother	☐ Yes ☐ No ☐ Unk	______	☐ Yes ☐ No	___________________________________
Maternal Aunt #1	☐ Yes ☐ No ☐ Unk	______	☐ Yes ☐ No	___________________________________
Maternal Aunt #2	☐ Yes ☐ No ☐ Unk	______	☐ Yes ☐ No	___________________________________
Maternal Half-Sister	☐ Yes ☐ No ☐ Unk	______	☐ Yes ☐ No	___________________________________

FATHER'S SIDE

Relative	Breast Cancer?	Age at Dx	Ovarian Cancer?	Other Cancer (type & age)
Father	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Paternal Grandmother	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Paternal Aunt #1	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Paternal Aunt #2	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Paternal Half-Sister	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________

SISTERS / DAUGHTERS / BROTHERS

Relative	Breast Cancer?	Age at Dx	Ovarian Cancer?	Other Cancer (type & age)
Sister #1	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Sister #2	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Daughter #1	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Daughter #2	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________
Brother (breast cancer only)	☐ Yes ☐ No ☐ Unk	_______	☐ Yes ☐ No	______________________________________

OTHER RELATIVES (cousins, uncles, grandparents not listed above)

Relative	Mother's or Father's side?	Type of Cancer	Age at Dx	BRCA gene if known
________________	☐ Mother's ☐ Father's	____________________	______	☐ BRCA1+ ☐ BRCA2+ ☐ Neg ☐ Unk
________________	☐ Mother's ☐ Father's	____________________	______	☐ BRCA1+ ☐ BRCA2+ ☐ Neg ☐ Unk
________________	☐ Mother's ☐ Father's	____________________	______	☐ BRCA1+ ☐ BRCA2+ ☐ Neg ☐ Unk
________________	☐ Mother's ☐ Father's	____________________	______	☐ BRCA1+ ☐ BRCA2+ ☐ Neg ☐ Unk
________________	☐ Mother's ☐ Father's	____________________	______	☐ BRCA1+ ☐ BRCA2+ ☐ Neg ☐ Unk

SECTION 6 — ADDITIONAL INFORMATION

16. Do you have prior imaging reports or biopsy results you can bring?

☐ Yes — I will bring them ☐ I will request them from my prior provider ☐ No / Not applicable

17. Are you currently taking any medications (including hormones, birth control, or supplements)?

☐ No ☐ Yes — list below:

____

____

____

18. Do you have any concerns or questions to discuss at your appointment?

____

____

____

19. How did you hear about the VOA High-Risk Breast Program?

☐ Mammogram report	☐ Primary care doctor	☐ OB/GYN	☐ Sentara navigator	☐ Another patient	☐ VOA website / social media	☐ Other: __________

PATIENT ACKNOWLEDGMENT

By signing below, I confirm that the information I have provided is accurate and complete to the best of my knowledge. I understand that this information will be used to calculate my lifetime breast cancer risk and to help develop a personalized care plan.

Patient Signature: ____________________________	**Date:** ____________________
Print Name: _________________________________	**Date of Birth:** __________________

If completed by someone other than the patient

Name: ____ *Relationship:* _______________________________