



If "yes," please specify type of operation(s): 130-135

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**QUESTIONS RELATING TO BREAST AND FEMALE GENITAL ORGANS:**

161. Have you ever had an injury to your breast? Yes  No  . If yes, which breast? \_\_\_\_\_
162. Many doctors recommend that women examine their breasts monthly. Do you do so? Yes  No
163. How old were you when menstruation began? \_\_\_\_\_
164. Menstruation when you were about 20 years old:  
a) Regular  or Irregular   
165 - b) Usual number of days of flow: \_\_\_\_\_  
166 - c) How painful? None  Slight  Moderate  Severe
167. Menstruation in recent months:  
a) Regular  Irregular  Pregnant  Past Menopause   
168 - b) Usual number of days of flow: \_\_\_\_\_  
169 - c) How painful? None  Slight  Moderate  Severe
170. If past menopause: → a) Age when menopause began: \_\_\_\_\_  
b) Did you have excessive bleeding during menopause? Yes  No
- 171 - Pregnancy Pattern  
7c. Number of children born alive: \_\_\_\_\_ Number stillborn (carried at least 6 months): \_\_\_\_\_

1738. Your age at time of first pregnancy: \_\_\_\_\_

1749. Breast feeding of children. a) Number breast fed for over 2 months: \_\_\_\_\_  
b) Number breast fed for from 2 weeks to 2 months: \_\_\_\_\_  
c) Number breast fed for less than 2 weeks: \_\_\_\_\_

17510. Did you ever take medicine to prevent the flow of milk? Yes  No

17611. If you did not breast feed one or more of your children, why not?

Lack of milk  Painful nipple  Breast Abscess  Preferred Not To  Other: \_\_\_\_\_

2066. When eating meat, do you avoid eating the fat? Yes  No

2067. How many times a week do you eat each of the following? ( )