Please check all that apply:

I. What symptoms do you have?
- Large breast size
- Shoulder pain
- Neck pain
- Upper back pain
- Skin irritation under your breasts
- Back spasms
- Hand tingling or numbness
- One breast is LARGER than the other one
  - Right
  - Left
  - No difference
- Grooving on your shoulders from bra straps
- Have to wear more than one bra to get comfortable
- Unable to sleep on back due to breast size
- Decreased tolerance, or difficulty/inability to exercise
- Have to support breasts while walking, sitting, driving
- Difficulty finding clothes that fit
- Self-conscious about your large breast size
- Miss work because of breast/back/neck problems
- Treated by a specialist for breast/back/neck problems
- Take medications for neck/back problems
- Posture problems
- Other ______________________________

How long have you had these symptoms? ______________________________________

II. Breasts

How tall are you? ______________________________________

What bra size do you wear now? _________________________

What is your weight _________________________ lb/kg

What bra size would you like to be? _______________________

Does your breast size change with weight loss? □ Yes □ No

III. Pregnancy

Do you suspect that you may be pregnant? □ Yes □ No

Method of contraception _________________________

Have you ever been pregnant? □ Yes □ No

When was your last pregnancy? _________________________

Did your breast size change? □ Yes □ No

Explain __________________________________________

Were you able to breast feed? □ Yes □ No

When did you stop lactating? _________________________

Do you plan on breastfeeding in the future? □ Yes □ No

IV. Breast Cancer

Do you perform self-breast exams? □ Yes □ No

Have you ever had
- Annual screening breast exam
  When was the last one and result? _________________________
  □ Yes □ No
- Mammogram
  When was the last one and result? _________________________
  □ Yes □ No
- Breast ultrasound
  When was the last one and result? _________________________
  □ Yes □ No
- Fibrocystic Breast disease
  When was the last one and result? _________________________
  □ Yes □ No
- Breast cancer
  Explain __________________________________________
  □ Yes □ No

- Family member with breast cancer
  Explain __________________________________________
  □ Yes □ No

- Do you have
  Lumps or bumps in your breasts? □ Yes □ No
  Explain __________________________________________

- Drainage from your nipples □ Yes □ No
  Explain __________________________________________