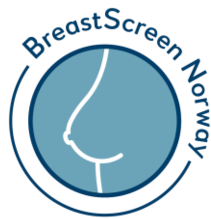

Present health conditions

1 Mammography

Have you previously had a mammogram?

☐ Yes ☐ No ☐ Do not know

If YES:

Where was your last mammography examination performed? (check only one box)

☐ As part of BreastScreen Norway
☐ At a private hospital/x-ray center
☐ At a hospital (not BreastScreen Norway)

When was this examination performed?

☐ Less than 1 year ago
☐ 1-2 years ago
☐ More than 2 years ago

2 Height and weight

How tall are you today? ☐☐☐ (whole) cm

How much do you weigh today? ☐☐ (whole) kg

3 Medication use

Do you use medication regularly, prescribed by a doctor, for any of the following conditions?

☐ No
☐ Depression/anxiety
☐ Rheumatoid arthritis (rheumatic illness)
☐ High cholesterol
☐ Osteoporosis
☐ High blood pressure
☐ Diabetes
☐ Cardiac disorder
☐ Thyroid disease
☐ Asthma

Do you use Albyl-E, Globoid, Aspirin or Dispril as permanent medication?

☐ Yes ☐ No

Do you use Ibux, Brexidol, Voltaren, Ibumetin, Naproxen or Diclofenac as permanent medication?

☐ Yes ☐ No

4 Smoking habits

Do you regularly smoke cigarettes?

☐ No, I have never smoked

☐ No, I stopped, about ☐☐ years ☐☐ months ago

☐ Yes, I smoke about ☐☐ cigarettes per **week**

5 Alcohol

State your average consumption of alcohol per **month**

☐ Do not drink alcohol

☐☐ pints of beer

☐☐ glass(es) of red wine/white wine

☐☐ glass(es) of fortified wine/liquor

6 Physical activity and exercise

How often are you physically active each week?

Physical activity: Light walking and cycling, garden work, clearing snow etc.

☐ Not physically active
☐ 0-1 hours per week
☐ 2-3 hours per week
☐ 4-5 hours per week
☐ 6+ hours per week

How much do you exercise each week?

Exercise: Regular activities with high intensity, at least 1/2 hour each time, such as aerobics, jogging, cycling

☐ I do not exercise
☐ 0-1 hours per week
☐ 2-3 hours per week
☐ 4-5 hours per week
☐ 6+ hours per week

7 Surgery of the breasts and reproductive organs

Have you had a breast reduction?

☐ No

☐ Yes, when I was ☐☐ years old

Have you had breast implants?

☐ No
☐ Yes, when I was ☐☐ years old

Have you removed both ovaries – bilateral oophorectomy?

☐ No
☐ No, I have removed one ovary
☐ Yes, I removed both when I was ☐☐ years old
☐ Do not know whether one or both were removed

Have your uterus been removed – hysterectomy?

☐ No
☐ Yes, when I was ☐☐ years old
☐ Do not know

8 Menstruation

Are you still menstruating?

If menstruation is regulated by hormone preparations, please reply "Yes"

☐ Yes
☐ Do not know, my menstruation is irregular
☐ No, my menstruation stopped when I was ☐☐ years old

9 BreastScreen Norway

How do you evaluate the information about BreastScreen Norway given in the invitation letter and leaflet?

☐ Very good
☐ Good
☐ Inadequate
☐ Very inadequate

Would you recommend other women to participate in BreastScreen Norway?

☐ Yes ☐ No ☐ Do not know

10 Hormonal treatment

Have you at <u>any time</u> used hormonal treatment that contain oestrogen, in relation to menopause?

☐ No ☐ Yes

If YES: **State all hormonal treatment preparations you have used previously, and use currently**

Example	*Using now*	*Used previously*	*Age at start*		*Used continuously for*	
Activelle	☒	☐	☐☐	years	☐☐ years	☐☐ months
Livial	☐	☒	☐☐	years	☐☐ years	☐☐ months
Tablets:	Using now	Used previously	Age at start		Used continuously for	
Activelle	☐	☐	☐☐	years	☐☐ years	☐☐ months
Eviana	☐	☐	☐☐	years	☐☐ years	☐☐ months
Indivina	☐	☐	☐☐	years	☐☐ years	☐☐ months
Kliogest	☐	☐	☐☐	years	☐☐ years	☐☐ months
Livial	☐	☐	☐☐	years	☐☐ years	☐☐ months
Novofem	☐	☐	☐☐	years	☐☐ years	☐☐ months
Ovesterin, Oestriol	☐	☐	☐☐	years	☐☐ years	☐☐ months
Progynova, Estronorm	☐	☐	☐☐	years	☐☐ years	☐☐ months
Trisekvens	☐	☐	☐☐	years	☐☐ years	☐☐ months
Oestrogen patches (e.g.: Estraderm/Evorel/Estradot)	☐	☐	☐☐	years	☐☐ years	☐☐ months
Oestrogen and progesterone patches (e.g.: Estracomb/Estalis/Sequidot)	☐	☐	☐☐	years	☐☐ years	☐☐ months
Suppositories/creme with oestrogen (e.g.: Vagifem/Ovesterin)	☐	☐	☐☐	years	☐☐ years	☐☐ months
Cannot remember name / other name	☐	☐	☐☐	years	☐☐ years	☐☐ months
For how long have you used hormone preparations, combined?					☐☐ years	☐☐ months