

SHORT RISK QUESTIONNAIRE (to be filled on the tablet device)

1)	GENERAL INFORMATION
1.1	Identification number
1.2	Please insert the following general information: Height in cm Weight in kg
1.3	What is your study level? (Select one option only)
	 I have never studied Primary school license Secondary school license Professional school diploma (2/3 years course) High school diploma (4/5 years course) Degree (3 years course) Master degree (4/5 years course) PhD
2)	PERSONAL HISTORY
2.1	How many among mother, daughters, and sisters had a breast cancer diagnosis?
	 None One Two or more I don't know / I don't remember
2.2	Have you ever had a breast biopsy (including needle biopsy) in the past?
	 None One Two or more I don't know / I don't remember
2.3	(If yes) How many biopsies have you undergone to?
	o 1 o 2

0 3

o more than 4

3) HORMONAL AND REPRODUCTIVE HISTORY

3.1 At what age your menstrual cycle started?

	0 0 0	11 years or less 12/13 years 14 years or more I don't know / I don't remember
22		
3.2	D0	you still have your menstrual cycle?
		Yes No
3.3		you still have your menstrual cycle) How many menstrual cycles have you had in the past 12 onths?
	0	1-3
		4-5
	0	6-9
	0	10 or more
	0	I don't know / I don't remember
3.4		you do not have your menstrual cycle any more) At what age did you have your last enstrual cycle? (Please, leave blank if you don't know or can't remember)
3.5	Но	w many children did you have? (born alive)
	0	I have no children
		1
	0	2
	0	3
	0	more than 3
3.6	(If	you had children) At what age did you have your first child? (born alive)
	0	19 years or less
	0	20-24 years
	0	25-29 years
	0	30 years or more
3.7	Ar	e you currently under hormonal therapy?
	0	Yes
	0	No

4) HABITS

- 4.1 When you were 30-39 years, which was your level of physical activity at work or at home (if housewife)?
 - o very heavy (e.g., construction worker, athlete or dancer)
 - o heavy (e.g., farmer, workwoman)
 - o medium (e.g., waitress, nursery school teacher)
 - o standing up (e.g., shop assistant, teacher)
 - o mainly sitting (e.g., office worker, student)
- 4.2 When you were 30-39 years, how many hours a week of physical activity did you practice in your free time?
 - o more than 7 hours/week
 - o 5-7 hours/week
 - o 2-4 hours/week
 - o less than 2 hours/week
- 4.3 Do you drink alcoholic drinks or did you drink them in the past?
 - Yes (also occasionally)
 - o No (I never drank them)
 - o In the past (now, I don't drink them)
- 4.4 (If you drank alcoholic drinks in the past but not anymore) How long ago have you given up?
 - o less than 1 year
 - o more than 1 year