

Appendix A: questionnaire about clinical data and prior factors to the infrared test

Registry of clinical data and prior factors to the infrared test

File: _____ Date: ____/____/____

Age: _____ years old

Weight: _____ kg

Height: _____ m

Waist circumference: _____ cm

Hips circumference: _____ cm

Bra cup: _____

Last menstruation age: _____ years old

Current phase of the menstrual

cycle: _____

Have you ever:

Yes **No**

Had a family history of breast or ovary cancer?

From which relative(s)? _____

Had received radiologic treatment on the upper body segment?

In the last 24 hours, have you:

Altered your sleep or eating habits?

Felt any physical discomfort in your breasts*?

Taken any kind of medicament or drug?

Which one (ones)? _____

In the last 6 hours, have you:

Performed vigorous physical activity?

Applied creams, gels, spray, etc., in the breast region?

Consumed coffee, alcohol, tobacco, or any other stimulant?

Which one(ones)? _____

*Point out the area where you felt physical discomfort:

