geneType

CHECKLIST FOR BREAST CANCER RISK FACTORS

We know sometimes it's hard to have discussions when you go for your annual wellness checkup. There are lots of different things to talk about, and it's easy to get focused on one topic and totally forget about the other things you may have wanted to talk about.

Below is a checklist of breast cancer-associated risk factors to speak about with your healthcare provider. Independently, each risk factor adds only a very small amount of risk to your chances of developing breast cancer. Check the YES or NO box to the left or right of each risk factor.

CONCEPTION

		YES	NO
I have...	Never given birth	☐	☐
	Given birth to my first child after I turned 30	☐	☐
	Had my last child within the last 10 years	☐	☐
	Breastfed my child(ren) for _____ months total	☐	☐
	Given birth to a baby who weighed more than 9.9lbs at birth	☐	☐
	Given birth to a preterm baby (born before 31 weeks' gestation)	☐	☐

☐ If the box you select is *pink* your risk is slightly higher because of that risk factor.

☐ If the box is *green* your risk is average, or perhaps slightly lower.

MEDICATION

I have...	Used oral contraception (for _____ years total)	☐	☐
	Used hormone replacement therapy (for _____ years total)	☐	☐

BREAST SCREENING

I have...	Had a mammogram within the past year (on date: _____)	☐	☐
	Been told I have dense breast tissue (if you know BIRADS, circle: A B C D)	☐	☐
	Had a previous false positive mammogram (I've been called back for an additional screening procedure)	☐	☐
	Had a previous breast biopsy (if more than 1, list #_____)	☐	☐
If yes...	Did your biopsy report mention you had Atypical hyperplasia or lobular carcinoma in situ?	☐	☐

NORMAL HORMONE LEVELS

I...	Started my period before the age of 13	☐	☐
	Started menopause after the age of 55	☐	☐
	Gained weight after menopause	☐	☐