

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	<input type="checkbox"/>	<input type="checkbox"/>
	Given birth to my first child after I turned 30	<input type="checkbox"/>	<input type="checkbox"/>
	Had my last child within the last 10 years	<input type="checkbox"/>	<input type="checkbox"/>
	Breastfed my child(ren) for _____ months total	<input type="checkbox"/>	<input type="checkbox"/>
	Given birth to a baby who weighed more than 9.9lbs at birth	<input type="checkbox"/>	<input type="checkbox"/>
	Given birth to a preterm baby (born before 31 weeks' gestation)	<input type="checkbox"/>	<input type="checkbox"/>



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)	<input type="checkbox"/>	<input type="checkbox"/>
	Used hormone replacement therapy (for _____ years total)	<input type="checkbox"/>	<input type="checkbox"/>

BREAST SCREENING

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

NORMAL HORMONE LEVELS

I...	Started my period before the age of 13	<input type="checkbox"/>	<input type="checkbox"/>
	Started menopause after the age of 55	<input type="checkbox"/>	<input type="checkbox"/>
	Gained weight after menopause	<input type="checkbox"/>	<input type="checkbox"/>