

Breast cancer is a common disease, affecting 1 in 8 American women at some point over their lifetime. As the two strongest risks for breast cancer are being female and getting older, screening is recommended for all women. The American Cancer Society and many other medical organizations recommend a woman consider screening beginning at age 40, and certainly by age 45, and continue for as long as she is in good health. Discuss when your mammography screening should begin with your care provider.

Though most breast cancer occurs in women with no known risk factors, there are some risk factors known to increase the chance of getting breast cancer. Not all risk factors carry the same level of risk and having a risk factor DOES NOT mean that you will definitely develop breast cancer.

Please print and complete the checklist, and bring with you to your next health checkup. This can help you and your doctor identify risks that may influence your breast cancer screening.

**Factors that mildly increase risk:**

1. Do you drink more than 5 oz. of alcohol daily (about the size of a glass of wine)?  
 Yes  
 No
2. Are you of Ashkenazi (Eastern European) Jewish heritage?  
 Yes  
 No
3. Has your mammogram indicated your breasts are heterogeneously dense?  
 Yes  
 No  
 I don't know my specific density category
4. Did you begin getting your period at age 11 or younger?  
 Yes  
 No
5. Did (do) you have any menstrual periods after age 54?  
 Yes  
 No  
 Not applicable
6. Were you over 30 years old for your first full-term pregnancy?  
 Yes  
 No  
 Not applicable
7. I have had at least one full-term pregnancy ("no" = a mild increased risk)  
 Yes  
 No

8. Did you or your mother take diethylstilbestrol (DES) while pregnant?  
 Yes  
 No
9. I have breastfed at least one child ("no" = mild increased risk)  
 Yes  
 No
10. If postmenopausal, has your weight increased since menopause, or have you become overweight or obese?  
 Yes, number of pounds gained \_\_\_\_\_  
 No  
 Not applicable
11. Have you had a breast biopsy\* with a benign/normal (e.g. fibroadenoma or fibrocystic change) or nonatypical result?  
 Yes  
 No

**Factors that moderately increase risk:**

12. Have you already had breast cancer diagnosed at age 40 or over?  
 Yes  
 No
13. Have you had a biopsy\* with an atypical or precancerous result (e.g. atypical ductal hyperplasia (ADH), atypical lobular hyperplasia (ALH) or atypical papilloma)?  
 Yes  
 No
14. Does your mammogram indicate your breasts are extremely dense?  
 Yes  
 No  
 I don't know my specific density category

**15.** Do you have one first-degree relative (mother, sister, or daughter) diagnosed with breast cancer before age 50? If yes, please bring details of which relative(s) and age(s) of diagnoses to your healthcare provider.

- Yes
- No

**16.** Do you have a family history of ovarian cancer? If yes, please bring details of which relative(s) and age(s) of diagnoses to your healthcare provider.

- Yes
- No

**17.** Are you post-menopausal and taking a combination of estrogen and progesterone hormonal therapy?

- Yes. Starting at what age \_\_\_\_\_ and for how many years? \_\_\_\_\_
- No

**18.** Do you have any male relatives (father, brother, or son) diagnosed with breast cancer?

- Yes
- No

### Factors that strongly increase risk:

**19.** Are you a woman 60 years of age or older?

- Yes
- No

**20.** Do you have any known disease-causing genetic mutations for breast cancer (e.g. *BRCA1*, *BRCA2*, or other)? If yes, please share the results with your healthcare provider.

- Yes
- No
- I don't know

**21.** Do any family members have any known disease-causing genetic mutations for breast cancer (e.g. *BRCA1*, *BRCA2*, or other)? If yes, please share the results with your healthcare provider.

- Yes
- No
- I don't know

**22.** Were you diagnosed with breast cancer before the age of 40?

- Yes
- No

**23.** Do you have two or more first-degree relatives (mom, sister, or daughter) diagnosed with breast cancer before age 50? If yes, please bring details of what relative(s) and at what age diagnosed to your healthcare provider.

- Yes
- No

**24.** Have you had high-dose radiation treatment to chest before the age of 30 (e.g. for treatment for Hodgkin lymphoma)?

- Yes. How many years ago? \_\_\_\_\_
- No

**25.** Do you have a personal history of ovarian cancer?

- Yes
- No

**26.** Do you have a personal history of lobular carcinoma in situ (LCIS)?

- Yes
- No

**\*If you have had a biopsy and do not know actual biopsy results, ASK.**

If you are taking medication to decrease your risk of developing breast cancer, please list that medication here:

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Any other issues/questions you would like to discuss with your provider:

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*This checklist is for informational purposes only and is not intended to be a substitute for medical advice from a physician. Please check with a physician if you need a diagnosis and/or for treatments as well as information regarding your specific condition. If you are experiencing urgent medical conditions, call 911 (in the U.S.).*