



Are you at risk?

Circle the numbers next to the question if it applies to you:

Family History

- 3 Do you have a close family member diagnosed at age 50 or under with breast cancer, triple negative (ER/PR/her2-) breast cancer, or male breast cancer?
- 3 Do you have a relative with breast cancer and another form of cancer such as ovarian, pancreatic, thyroid?
- 3 Are you of Ashkenazi (Eastern European) Jewish ancestry with breast, ovarian, or pancreatic cancer in the family?
- 3 Did you receive any radiation to the chest during childhood to treat Hodgkin's disease, non-Hodgkin's lymphoma, or another cancer?
- 3 Do you have one or more immediate family members (parent; sibling; grandparent; aunt) that have had breast cancer at age 50 or older?

_____/15

Total

Estrogen Exposure

- 3 Do you use (or have used) ANY form of synthetic hormones (Premarin, Prempro, Evista, Lo-Estrin, Etc.) or progesterone creams?
- 2 Did or do you suffer from Estrogen dominant conditions like Endometriosis, PMS, PCOS?
- 2 Do you consume non-organic Dairy Products?
- 2 Do you have any personal or family history of depression, PMS?
- 2 Do you use any of the following medications: amiodarone: cimetidine (tagamet): fluoroquinolones: fluvoxamine (Prozac): furafylline: interferon: methoxsalen: mibefradil: ticlopidine?
- 1 Did you start menstruating before age 13 or stop after age 50?

_____/12

Total



EMF Exposure

- 3 Do you have dental work such as root canals or amalgam fillings?
- 2 Do you wear under-wire bras?
- 3 Do you store your cell phone in your bra?
- 3 Do you use a cell phone without EMF protection?
- 1 Do you sleep in a bedroom next to a clock radio?
- 3 Do you put your laptop on your lap while working?
- 2 Do you use a blow dryer daily?
- 2 Do you within ½ mile to large overhead power lines?
- 3 Have you had a CT scan, dental x-rays, or more than 10 mammograms?

_____/22
Total

Chemical Exposure

- 2 Do you use weed killers or pesticides around your home or work?
- 2 Do you use sunscreens with: PABA, BP-3, HMS, OMC, 4-MBC?
- 1 Do you wash all fruit and vegetables with fruit wash?
- 1 Do you heat food in the microwave in plastic or covered with saran wrap?
- 3 Do you eat non-organic chicken, eggs, or beef?
- 1 Are you sensitive to chemical smells?
- 3 Do you live near farm areas where large amounts of crops are sprayed with herbicides?
- 3 Do you have hypothyroid symptoms?

_____/16
Total



Lifestyle

- 3 Do you smoke or are you exposed to second-hand smoke?
- 2 Do you exercise vigorously less than 3 times per week?
- 3 Is your body fat over 30%?
- 1 Did you have your first child after the age of 30?
- 2 Did you opt out of nursing your children?
- 3 Have you gained more than 30 pounds in your mid-twenties?
- 2 Do you drink more than one glass of alcohol per day?
- 1 Do you work inside all day?
- 1 Do you sit at a desk throughout the day?

_____/18
Total

Environment/Work

- 3 Are you a dentist, beautician, fireman, construction or farm worker?
- 3 Do you work in an office surrounded by computers, printers, faxes, etc?
- 2 Do you work at a restaurant and eat the majority of your food there?
- 3 Do you work in the electrical field around power lines?
- 2 Do you work the night shift or late shift?
- 3 Do you work at a plastics or chemical company?
- 1 Are you exposed regularly to gas or diesel fumes?

_____/17
Total

_____/100
Total of All Categories

So, what's my risk?

It's easy. The higher your number, the higher your risk and the lower your number the lower your risk.

While having a lower number is no guarantee of not developing breast cancer, a lower number would indicate a lower risk based on known risk factors.