

Breast Cancer Risk Assessment Questionnaire

Name _____ Age _____

Are you still cycling - Yes No If not how many months years ago did you stop _____

1	YES NO	Do you have a family history of Breast Cancer. (Grandmother, Mother, Sister, Aunts)
2	YES NO	Do you or have you used oral contraceptives or hormone replacement therapy?
3	YES NO	Do you use over the counter or prescription antacid medications?
4	YES NO	Do you or have you used circle all that apply: antidepressants, anti-fungals, Antibiotics, Tylenol, Beta Blockers, anti-inflammatories, interferon, calcium channel Blockers which may include the following <i>amitriptyline caffeine clomipramine clozapine cyclobenzaprine estradiol fluvoxamine haloperidol imipramine N-DeMe mexiletine naproxen olanzapine ondansetron phenacetin acetaminophen propranolol riluzole ropivacaine tacrine theophylline tizanidine verapamil warfarin zileuton zolmitripta</i>
5	YES NO	Do you consume caffeine?
6	YES NO	Do you have a history of any cyclical issues such as: cyclical breast tenderness, endometriosis, uterine Fibroids, PMS / PMDD or have you been diagnosed or told that you were “estrogen dominant”.
7	YES NO	Do you use or have you used commercial weed killers such as “Roundup” or Insecticides in your home garden or workplace?
8	YES NO	Have you had your 2 / 16 estrogen ratio evaluated?
9	(0) - (1-2) - (3+)	How many children have you given birth to?
10	YES NO	Did you have your first child before the age of 21 ?
11	YES NO	Do You regularly consume Non – Organic Dairy products (milk, cheese, etc) or non-organic meat or chicken?
12	YES NO	Do you consume at least 3 servings of cruciferous vegetables per week? (Kale, Brussels Sprouts, Broccoli, Cauliflower)
13	YES NO	Do you regularly consume vegetables such as Beets, Radish, Lentils and Onions?
14	YES NO	Do you ever microwave food or drinks in any plastic containers or cover it with plastic wrap in the microwave?
15	YES NO	Do you drink coffee or other hot beverages from a Styrofoam cup ?
16	YES NO	Do you get at least 20 minutes of aerobic exercise at least 3 times per week?
17	YES NO	Do you use progesterone cream or patches?