

# BREAST HEALTH RISK ASSESSMENT

NAME: \_\_\_\_\_

DATE:        /        / \_\_\_\_\_

**Put a checkmark beside the risk factor and protective factor that are true for you.**

The bracketed numbers to the right of some entries refer to how much that risk factor increases your likelihood of having breast cancer; that is, ( + 2) means your risk double. ( + 3.6) means it increases your risk over three and a half times. If the number is beside a protective factor, it means that it decreases your risk by that amount. **Mark these high risk and highly protective factors with a highlighter.**

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
<u><b>HEREDITARY</b></u>	<u><b>HEREDITARY</b></u>
<input type="checkbox"/> Mother or sister with breast cancer(+2)	<input type="checkbox"/> No family history of cancer
<input type="checkbox"/> Relative with ovarian or endometrial cancer	<input type="checkbox"/> No family ovarian or endometrial cancer
<input type="checkbox"/> Brother or father with prostate cancer (+4)	<input type="checkbox"/> No family prostate cancer
<input type="checkbox"/> Light-skinned	<input type="checkbox"/> Dark-skinned
<input type="checkbox"/> Body mass index> 28	<input type="checkbox"/> Body mass index< 22.8
<input type="checkbox"/> Birth weight> 8.8 lbs (+3.5)	<input type="checkbox"/> Birth weight< 6.7 lbs
<input type="checkbox"/> Birth length> 51.5 cm	<input type="checkbox"/> Birth length< 50 cm
<input type="checkbox"/> Over5'6"tall	<input type="checkbox"/> Under 5' 6" tall
<input type="checkbox"/> Weight> 154 lbs. (+3.6)	<input type="checkbox"/> Appropriate weight; weight< 153 lbs.
<input type="checkbox"/> Waist to hip ratio >.81 (+7)	<input type="checkbox"/> Waist tohipratio<.73
<u><b>REPRODUCTIVE</b></u>	<u><b>REPRODUCTIVE</b></u>
<input type="checkbox"/> No children or children after 30	<input type="checkbox"/> Gave birth before age 20 or 30
<input type="checkbox"/> No children	<input type="checkbox"/> More than one child (-.5 with 5 kids)
<input type="checkbox"/> No breast-feeding	<input type="checkbox"/> Breast-fed kids for at least 6 months ( -2.5)



**CIRCLE OF WELLNESS**  
WOMEN'S HEALTH & CANCER CARE

## BREAST HEALTH RISK ASSESSMENT

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
<b>LIFESTYLE AND HEALTHCARE</b>	<b>LIFESTYLE AND HEALTHCARE</b>
<input type="checkbox"/> Aging	<input type="checkbox"/> Use antioxidants and anti-aging supplements
<input type="checkbox"/> High breast density(+ 1.8-+6)	<input type="checkbox"/> Low breast density
<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Regular exercise (4 hours weekly) (-.60)
<input type="checkbox"/> < 2 bowel movement per week (+4.5)	<input type="checkbox"/> 2 or more bowel movements daily
<input type="checkbox"/> Use prescription drugs: beta-blockers (Prozac, Paxil, Elavil); tricyclic antidepressants (Amoxapine, Clomipramine, Desipramine and Trimipramine, Haldol); steroids (Reserpine, hydralazine, Tagamet, metronidazole, vincristine, Nitrofurazone, Valium, Xanax, nitrogen mustard, procarbazine); cholesterol-lowering drugs; Claritin, Atarax, the diuretics Spironolactone and Furosemide and the anti-cancer drugs (vincristine, acronycine, cytembena, and isophosphamide)	<input type="checkbox"/> Use herbal, nutritional, homeopathic, and naturopathic recommendations when possible instead of prescription drugs. Educate yourself on the side effects of medications before taking them.
<input type="checkbox"/> Dental problems: mercury fillings, root canals.	<input type="checkbox"/> Replace mercury fillings with ceramic, remove root canal teeth, clear infection
<input type="checkbox"/> Imbalanced biological terrain	<input type="checkbox"/> Normalize biological terrain
<input type="checkbox"/> Chronic inflammation, use curcumin & bromelain regularly	<input type="checkbox"/> Vegetarian, no dairy fat in diet
<input type="checkbox"/> Immune deficiency, allergies	<input type="checkbox"/> Follow immune-strengthening program
<input type="checkbox"/> Underactive thyroid; iodine deficiency	<input type="checkbox"/> Correct thyroid function; use seaweeds
<input type="checkbox"/> Annual mammograms (from radiation exposure)(+.5)	<input type="checkbox"/> Monthly breast self exam; annual thermograms, use AMAS test to find cancer early (-.2)
<input type="checkbox"/> Cigarette smoking increases risk	<input type="checkbox"/> No smoking; avoid secondhand smoke
<input type="checkbox"/> Alcohol increases risk(> 3 drinks/week)	<input type="checkbox"/> Avoid alcohol or have minimally
<input type="checkbox"/> Use commercial hair dyes	<input type="checkbox"/> Use henna or natural hair dyes
<input type="checkbox"/> Have breast implants	<input type="checkbox"/> No breast implants; have them removed
<input type="checkbox"/> Wear a tight-fitting bra	<input type="checkbox"/> Go braless or use looser cotton bra
<input type="checkbox"/> Mineral and enzyme deficiency	<input type="checkbox"/> Eat organic, replace minerals and enzymes
<input type="checkbox"/> Parasitic infection	<input type="checkbox"/> Do parasite cleanse once or twice yearly
<input type="checkbox"/> Liver toxicity	<input type="checkbox"/> Do liver cleanse once or twice yearly
<input type="checkbox"/> Bowel toxicity	<input type="checkbox"/> Do bowel cleanse once yearly; replace flora
<input type="checkbox"/> Use of antibiotics	<input type="checkbox"/> Avoid antibiotics, deal with candidiasis
<input type="checkbox"/> Chemical toxins accumulate in fat tissue	<input type="checkbox"/> Use saunas regularly or sauna detox yearly
<input type="checkbox"/> Poor lymphatic circulation	<input type="checkbox"/> Use skin-brushing, rebounding, exercise

## BREAST HEALTH RISK ASSESSMENT

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
<b>LIFESTYLE AND HEALTHCARE</b>	<b>LIFESTYLE AND HEALTHCARE</b>
<input type="checkbox"/> Work in the electrical trade(+. 7)	<input type="checkbox"/> Work away from excess electricity
<input type="checkbox"/> Instal, repair telephones (+2.2)	
<input type="checkbox"/> Sleep within 2' of electrical devices	<input type="checkbox"/> Sleep >3' away from electrical devices
<input type="checkbox"/> Sit< 2' from front,< 4' from sides of computer, video display terminals	<input type="checkbox"/> Sit further from computer video display terminals and use them < 20 hours weekly
<input type="checkbox"/> Use an electric blanket	<input type="checkbox"/> Use cotton. wool. down blankets
<input type="checkbox"/> Have worked on a farm (+9)	<input type="checkbox"/> Never worked on a farm, or worked on organic farm
<input type="checkbox"/> Exposure to pesticides: food, lawn. farm, golf courses, public areas	<input type="checkbox"/> Eat organic, avoid pesticides
<input type="checkbox"/> live in industrialized area	<input type="checkbox"/> Live away from industry & chemical exposure
<input type="checkbox"/> Exposure to petrochemicals, gas stations	<input type="checkbox"/> Use car less. use full serve gas station
<input type="checkbox"/> Exposure to formaldehyde	<input type="checkbox"/> Choose products without formaldehyde
<input type="checkbox"/> Exposure to benzene	<input type="checkbox"/> Avoid benzene
<input type="checkbox"/> Eposure to organochlorines	<input type="checkbox"/> Recognize and avoid organochlorines
<input type="checkbox"/> Use of chemical or industrial cleansers	<input type="checkbox"/> Use of non-toxic cleansers
<input type="checkbox"/> Exposure to carcinogens	<input type="checkbox"/> Recognize and avoid known carcinogens
<input type="checkbox"/> Live near a hospital incinerator	<input type="checkbox"/> Live away from a hospital incinerator
<input type="checkbox"/> Live near a PVC recycling plant	<input type="checkbox"/> Live away from a PVC recycling plant
<input type="checkbox"/> Use plastics	<input type="checkbox"/> Avoid plastics - use glass, wax paper, cardboard
<input type="checkbox"/> Live near a chemical plant	<input type="checkbox"/> Live away from a chemical plant
<input type="checkbox"/> Live near a toxic waste site or dump	<input type="checkbox"/> Decrease waste; live away from a toxic waste site or dump
<input type="checkbox"/> Live near a sewage treatment plant	<input type="checkbox"/> Use a composting toilet, live away from a sewage
<input type="checkbox"/> Use chlorine bleach	<input type="checkbox"/> Use non-chlorine bleach
<input type="checkbox"/> Drink chlorinated water	<input type="checkbox"/> Drink filtered water
<input type="checkbox"/> Dry-clean clothing	<input type="checkbox"/> Avoid dry-cleaning; use natural detergents
<b>DIETARY</b>	<b>DIETARY</b>
<input type="checkbox"/> High fat consumption: > 30% total calories	<input type="checkbox"/> Low fat consumption: < 15% total calories
<input type="checkbox"/> Low fiber: < 10 grams daily	<input type="checkbox"/> High fiber: >30 grams daily (-.30)
<input type="checkbox"/> Eatmeatweekly	<input type="checkbox"/> Vegetarian (-.30)
<input type="checkbox"/> Use dairy products	<input type="checkbox"/> Use soy milk, organic goat milk, or low fat org. dairy
<input type="checkbox"/> Eat sweets, sugar products	<input type="checkbox"/> Have 2 or more fruits daily, avoid sweets
<input type="checkbox"/> Use processed food	<input type="checkbox"/> Use whole, unrefined foods
<input type="checkbox"/> Use bread products regularly	<input type="checkbox"/> Use beans. whole grains

## BREAST HEALTH RISK ASSESSMENT

<b>RISK FACTORS</b>	<b>PROTECTIVE FACTORS</b>
<b><u>DIETARY</u></b>	<b><u>DIETARY</u></b>
<input type="checkbox"/> Drink coffee	<input type="checkbox"/> Drink herbal teas. e.g., red clover, dandelion
<input type="checkbox"/> No soy products	Soy products daily
<input type="checkbox"/> No orange fruits and vegetables	<input type="checkbox"/> Use 2 foods high in vitamin A daily
<input type="checkbox"/> Use vegetable oils, animal fat, margarine and cooked oils; have low essential fatty acids	<input type="checkbox"/> Use unheated flaxseed and olive oil, clean fish oil
<input type="checkbox"/> Minimal fruits and vegetables	<input type="checkbox"/> Use 6-9 servings of fruits and vegetables/day
<input type="checkbox"/> Eat mostly cooked food	<input type="checkbox"/> 50-85% raw food
<input type="checkbox"/> No brassicas (cauliflower, cabbage, broccoli)	<input type="checkbox"/> Raw brassicas daily
<input type="checkbox"/> High salt intake	<input type="checkbox"/> Low sodium / high potassium
<input type="checkbox"/> Overly acidic body	<input type="checkbox"/> Keep pH of urine and saliva at 6.4-7.2
<input type="checkbox"/> Use of plastic food containers and wraps	<input type="checkbox"/> Use glass, ceramic or stainless steel containers
<b><u>PSYCHOLOGICAL</u></b>	<b><u>PSYCHOLOGICAL</u></b>
<input type="checkbox"/> Deny, bury, repress or hold on to anger	<input type="checkbox"/> Express anger constructively and let it go
<input type="checkbox"/> Ignore one's own needs; please others	<input type="checkbox"/> Define your needs; become assertive
<input type="checkbox"/> Feel alienation	<input type="checkbox"/> Find or create your community
<input type="checkbox"/> Death of a loved one or loss of a relationship within the previous one to five years	<input type="checkbox"/> Express your grief; find reasons for living, find something or someone to love
<input type="checkbox"/> Stress and the inability to relax	<input type="checkbox"/> Regular relaxation breaks
<input type="checkbox"/> Living a life following someone else's script rather than one's own	<input type="checkbox"/> Follow your deep desires and callings; create your path
<b><u>SPIRITUAL</u></b>	<b><u>SPIRITUAL</u></b>
<input type="checkbox"/> Hopelessness, despair	<input type="checkbox"/> Spiritual counseling, therapy, prayer, yoga
<input type="checkbox"/> Lack of a sense of purpose	<input type="checkbox"/> Develop a meaningful life, find your passion
<input type="checkbox"/> Lack of joy	<input type="checkbox"/> laugh, play, have fun
<input type="checkbox"/> Loss of faith	<input type="checkbox"/> Create a relationship with your soul
<input type="checkbox"/> Foiled creative fire	<input type="checkbox"/> Express your creativity
<input type="checkbox"/> Ignored intuition	<input type="checkbox"/> Awaken and follow your intuition
<input type="checkbox"/> Lack of support	<input type="checkbox"/> Find a supportive person, support group or spiritual group
<b>OTHER RISK FACTORS</b>	<b>OTHER PROTECTIVE FACTORS</b>