

Breast Cancer Risk Indicator Questionnaire

There are a number of factors (positive and negative) which influence your risk of developing Breast cancer.

Circle the number next to the question if it applies to you.

1. Do you have any family history of hormone dependent cancers (breast, uterus, prostate)?	3
2. Are you of Caucasian, African American, or Hispanic Descent?	1
3. Do you use weed killers or pesticides around your home or work? Or have you been exposed to them in the past?	2
4. Are you exposed to gas or diesel fumes? If you live or work in Houston you must answer yes	1
5. Do you consume Dairy Products?	1
6. Do You use sunscreens with: PABA, BP-3, HMS, OMC, 4-MBC	2
7. Do you use (or have used) ANY form of synthetic hormones (Premarin, Prempro, Evista, Lo-Estrin, Etc.) or progesterone creams?	3
8. Do you wash all fruit and vegetables with a fruit wash?	1
9. Do you have any personal or family history of depression, PMS?	1
10. Do you consume LOTS of cruciferous vegetables?	-2
11. Do you heat food in the microwave in plastic or covered with saran wrap?	1
12. Do You Smoke ?	2
13. Do you drink alcohol? More than 1-2 glass of wine per day	2
14. Do you exercise vigorously at least 3 times per week ?	-2
15. Is your body fat over 30%	2
16. Do use any of the following medications: amiodarone: cimetidine (tagamet): fluoroquinolones: fluvoxamine (Prozac): furafylline: interferon: methoxsalen: mibefradil: ticlopidine:	2
17. Do eat non organic chicken, eggs or beef ?	1
18. Are you sensitive to chemical smells?	1
19. Are you hypothyroid or suspect you are?	1
20. Do you have elevated Beta Glucuronidase levels	3
21. Is your E2 to E16 estrogen ratio less than 1.3	3
22. Did you have your first child before the age of 30?	-1
23. Did or do you suffer from Estrogen dominant conditions like Endometriosis, PMS, PCOS	2
24. Did you start menstruating before the age of 13?	2

TOTAL _____