



Mautner Project

The National Lesbian Health Organization

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Self Breast Assessment

Instructions: Read through the questions below. Mark yes for any that do apply to you and “no” for any that don’t. If you don’t know, then just mark “IDK.” Add your total number of “yes” answers and “no” at the end.

Risk	Yes	No	IDK
Demographics			
Are you female?			
Are you older than 55 years of age?			
Are you African American/Black?			
Do you identify as a sexual minority? (LGBTQ)			
Personal History			
Have you ever been diagnosed with breast cancer?			
Have you been told you have dense breast tissue?			
Have you been told that you have a benign breast condition?			
Have you had radiation therapy to the chest?			
Have you had breast implants?			
Reproductive History			
Did you begin having periods before age 12?			
Did you begin menopause after age 55?			
Did you have zero (0) pregnancies?			
Did you have children after age 30?			
Have you ever taken birth control pills?			
Have you ever taken HRT?			
Have you ever had an abortion?			
Family History			
Have any of your family members been diagnosed with breast cancer?			
Have any of your family members been diagnosed with cervical cancer?			
Diet & Substance Use			
Do you smoke cigarettes?			
Do you have 2-5 alcoholic drinks a day?			
Is your diet high in fat?			
Are you physically active?			
Lifestyle & Environment			
Do you work at night?			
Are you physically active?			
Totals			