

Self Breast Exam Journals

Basic Info

What is your birth sex?	Male	What is your race / ethnicity?	White	Do you have family history of breast cancer?	Yes
Do you have a BRCA1 or BRCA2 gene mutation?	Yes	Have you been diagnosed with any of the following? Select all that apply.	["Mastalgia (breast pain)"]	What is your date of birth?	March 21 1989
When did you first begin your menstrual period?	I don't have a menstrual cycle	When was the last day of your menstrual cycle?	I don't have a menstrual cycle	Have you or do you currently use a hormonal form of birth control?	No
What was your age when you first gave birth?	I have never given birth				

Symptom Table

Nipple Crust	Discharge	Texture	Redness or Heat	Pulled in Nipple	Growing Vein	New Shape or Size	Indentation	Thick Mass	Skin Sores	Bump	Hard Lump
											

