













Self Breast Exam Journals

Basic Info

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|---|--------------------------------|--|--------------------------------|--|---------------|
| 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

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

