

1 / RECOGNIZE

Notice changes. Take action.

Use this printable guide to prepare for a healthcare visit. It is educational and does not diagnose cancer or determine your screening schedule.

Become familiar with your breasts

Notice how your breasts usually look and feel during bathing or dressing. You do not need a special monthly self-exam routine. Awareness at home does not replace mammograms.

Contact your healthcare team about a new change

- A lump or thickening in the breast or underarm.
- Skin dimpling, swelling, redness, or new nipple-area scaling.
- A change in breast size or shape, or a nipple newly pulling inward.
- Unusual nipple discharge, especially blood, or persistent localized pain.

These changes can have causes other than cancer. Tell your healthcare team promptly, even if your last mammogram was normal. Describe the symptom when you call.

What changed, and where? (If you have no symptoms, leave blank.)

When did it begin? Is it changing?

Do not wait to complete this worksheet before seeking an assessment.

2 / REASON

Know your personal risk.

Bring what you know. An incomplete family history is still worth discussing; you do not need every answer before making an appointment.

History from both sides of the family

Record relatives with breast or ovarian cancer, breast cancer in a male relative, and any known inherited cancer-related gene changes. Include the age at diagnosis when known.

Relative / mother's or father's side / cancer or gene change / age at diagnosis

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Other history to discuss

Prior breast cancer or biopsy findings; chest radiation at a young age; a known inherited gene change; and breast density reported on a mammogram.

My relevant history or questions:

A close relative with breast cancer is a reason for an early risk discussion. It does not automatically set one starting age for everyone. Your clinician may recommend earlier imaging, genetic counseling, or a different screening plan.

3 / RESPOND

Make a plan with your team.

Screening is for people without symptoms. A new breast symptom needs an assessment and may require diagnostic tests.

Questions to bring

- What is my breast cancer risk, and should it be formally assessed?
- When should I begin screening, and how often?
- Do my family history, breast density, or past biopsy change my plan?
- Would genetic counseling or additional imaging be appropriate?
- When and how will I get results? Who do I call if I hear nothing?

My agreed plan

Last mammogram / facility:

Next test and due date / clinic contact:

Results received / recommended follow-up and deadline:

If a result requires follow-up, arrange it and confirm completion. If a change persists or worsens after an assessment, contact your healthcare team again.

4 / KEEP LEARNING

Screening and next steps

U.S. guidance checked October 23, 2026. Recommendations below are starting points for discussion, not a personal prescription.

Why screening schedules can differ

USPSTF: Mammograms every two years for women ages 40-74 in its screening population. For age 75 and older, evidence is insufficient; discuss the decision individually.

American Cancer Society, average risk: Annual screening is an option at 40-44, recommended at 45-54, and annual or every two years at 55 and older. Continued screening depends on health and life expectancy.

People at high risk may need earlier mammograms and MRI. A clinician should determine the plan. No home check can rule out breast cancer.

Access and practical support

If cost, transport, language, or fear makes care difficult, tell the clinic. Ask about patient navigation and local assistance. CDC-funded programs offer screening and diagnostic services for eligible people with low incomes and inadequate insurance.

Trusted resources - click to open

[USPSTF: Breast Cancer Screening](#)

[ACS: Screening Guidelines](#)

[CDC: Symptoms](#)

[CDC: Risk Factors](#)

[CDC: Screening and Breast Awareness](#)

[CDC: Screening Assistance Program](#)

Keep this worksheet private and bring it to your visit. This is a planning aid, not a validated cancer-risk assessment.