

## Extended Breast Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Diagnosed with breast cancer:

**Cancer type:** Metastatic\_\_\_ Local\_\_\_ Lymph node involvement\_\_\_

**When diagnosed:** Month\_\_\_ Year\_\_\_

**Where (left breast):** UO\_\_\_ UI\_\_\_ LO\_\_\_ LI\_\_\_ Nipple\_\_\_

**Where (right breast):** UO\_\_\_ UI\_\_\_ LO\_\_\_ LI\_\_\_ Nipple\_\_\_

**Treatment:** Surgery\_\_\_ Chemo\_\_\_ Radiation\_\_\_ Other\_\_\_ None\_\_\_

### Diagnosed with other breast disease:

**Disease type:** Fibrocystic\_\_\_ Cystic\_\_\_ Mastitis\_\_\_ Abscess\_\_\_ Other\_\_\_  
(please report other types of disease in the history)

### Breast biopsies or surgery:

**Where (left breast):** UO\_\_\_ UI\_\_\_ LO\_\_\_ LI\_\_\_ Nipple\_\_\_

**Where (right breast):** UO\_\_\_ UI\_\_\_ LO\_\_\_ LI\_\_\_ Nipple\_\_\_