

## 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\_\_\_\_