

Extended Breast Questionnaire

Patient Name: _____ Birthdate: _____
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 ___

Patient notes or comments _____

