

## 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 \_\_\_\_\_