

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____

