



Extended Breast Questionnaire

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___