

Extended Breast Questionnaire

Patient Name: _____ Date: _____

Diagnosed With Breast Cancer:

Cancer Type: Metastatic _____ Local _____ Lymph Node Involvement _____

When Diagnosed: Month _____ Year _____

UO (Upper Outer) UI (Upper Inner) LO (Lower Outer) LI (Lower Inner) of Breast

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 _____