

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___