

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 _____

UO = Upper outer quadrant

UI = Upper inner quadrant

LO = Lower outer quadrant

LI = Lower inner quadrant