Extended Breast Questionnaire

Patient Name:	atient Name: Date:				
Diagnosed with breast cancer:					
Cancer type:	Metastatic Local Lymph node involvement				vement
When diagnosed:	Month	Year			
Where (left breast):	UO	UI	L0	LI	Nipple
Where (right breast)): UO	UI	LC	D	LINipple
Treatment: Surger	y Chemo	Rad	iationOt	ther	None
Diagnosed with other breast disease:					
Disease type: Fibroc	ystic Cyst (please report				Other
	u i				
Breast biopsies or surgery:					
Where (left breast):	UO	UI	LO	LI	Nipple
Where (right breast)): UO_	UI	L(D	LINipple