## **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 LINipple
Where (right breast): UO UI LO LINipple
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 LINipple
Where (right breast): UO UI LO LINipple