

# *Thermography of Wisconsin*

## **Extended Breast Questionnaire**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Diagnosed with breast cancer:**

**Cancer type:** Metastatic\_\_\_ Local\_\_\_ Lymph Node involvement\_\_\_

**When diagnoses:** 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\_\_\_

### **Breast biopsies or surgery:**

**Where (left breast):** UO\_\_\_ UI\_\_\_ LO\_\_\_ LI\_\_\_ Nipple\_\_\_

**Where (right breast):** UO\_\_\_ UI\_\_\_ LO\_\_\_ LI\_\_\_ Nipple\_\_\_