



## BREAST CANCER QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_

Date diagnosed? \_\_\_\_\_

How was the cancer treated (check all that apply)?

- Excisional biopsy (lumpectomy) (Date: \_\_\_\_\_)
- Mastectomy (Date: \_\_\_\_\_)
- Radiation (Date of last treatment: \_\_\_\_\_)
- Chemotherapy (Date of last treatment: \_\_\_\_\_)

What was the stage of the cancer?

Size of tumor in centimeters: \_\_\_\_\_

- Stage I
- Stage II
- Stage III
- Stage IV

What was the grade of cancer?

- Grade I (well-differentiated)
- Grade II (moderately-differentiated)
- Grade III (poorly-differentiated)
- Grade IV (undifferentiated)

Were any lymph nodes positive for cancer? YES  NO  If yes, how many? \_\_\_\_\_

Was there evidence of any spread to other organs? YES  NO

If yes, details: \_\_\_\_\_

Was the tumor hormone receptor positive? YES  NO  NOT SURE

Any history of tumor recurrence? YES  NO

If yes, date of recurrence and treatment: \_\_\_\_\_

Any family history of breast cancer? YES  NO

If yes, details: \_\_\_\_\_

What is the date of the most recent mammogram? \_\_\_\_\_

Do you currently use any type of nicotine/tobacco products? YES  NO

If yes, type of tobacco used?

Cigarettes  Cigars  Chew  Pipe  Patch/gum  Electronic

Have you ever used nicotine/tobacco in the past? YES  NO

Type used & date quit: \_\_\_\_\_

Any other major health impairments or cancers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List current medications: \_\_\_\_\_

\_\_\_\_\_

\*If possible, please include copies of all pathology reports from biopsies, lumpectomies and mastectomies if applicable.