

## Offline Condition Questionnaire

Full Name of Person:	
Date of Birth:	
Enquiry reference (if known):	
Intermediary (if applicable) Contact Name:	
Contact Tel:	

## **Breast Cancer questions**

**What was the exact type of tumour or malignancy?**

**When was your cancer first diagnosed?**

**Which site(s) or organ(s) were involved?**

**What was the size or staging of the tumour and its TNM classification?**

**What stage had it reached?**

- it was completely localised to the tissue or organ of origin?
- Had lymph nodes been involved? If so, please state site(s) and number of nodes involved if known below
- Had it spread to other organs? If so, please state where below

**Please give any more details about the stage here**

**Please advise the date(s) and type of any surgery undergone or enter NONE?**

**Please advise the date(s) and type of any radiotherapy or enter NONE?**

**Please advise the date(s) and type of any chemotherapy or enter NONE?**

**Please advise the date(s) if Tamoxifen or Bromocriptine was used or enter NONE?**

**Has there been any recurrence or relapse? Enter NO or If yes, please state dates, site and treatment received.**