

**BREAST-Q™**  
AUGMENTATION MODULE (POST OPERATIVE) 1.0

The following questions are about your breasts and breast surgery. After reading each question, please circle the number in the box that best describes your situation. If you are unsure how to answer a question, choose the answer that comes closest to how you feel. Please answer all questions.

1. With your breasts in mind, in the past 2 weeks, how satisfied or dissatisfied have you been with:

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. How bras fit?	1	2	3	4
b. How you look in the mirror <u>clothed</u> ?	1	2	3	4
c. How natural your breasts look?	1	2	3	4
d. How your breast size matches the rest of your body?	1	2	3	4
e. The firmness of your breasts?	1	2	3	4
f. The position of your implants on your chest (too high or too low)?	1	2	3	4
g. How naturally your breasts sit/hang?	1	2	3	4
h. How evenly your implants are positioned in relation to each other?	1	2	3	4
i. How your breasts feel to the touch?	1	2	3	4
j. The shape of your breasts when you are <u>not</u> wearing a bra?	1	2	3	4
k. The size of your breasts?	1	2	3	4
l. How you look in the mirror <u>unclothed</u> ?	1	2	3	4
m. How much cleavage you have when you wear a bra?	1	2	3	4
n. How close together your breasts are when you are <u>not</u> wearing a bra?	1	2	3	4
o. The amount of rippling (wrinkling) of your implants that you can <u>see</u> ?	1	2	3	4
p. The amount of rippling (wrinkling) of your implants that you can <u>feel</u> ?	1	2	3	4
q. How your scars look?	1	2	3	4

**Please check that you have answered all the questions before going on to the next page**

**2. We would like to know how you feel about the outcome of your breast surgery. Please indicate how much you agree or disagree with each statement:**

	Disagree	Somewhat Agree	Definitely Agree
a. Overall the surgery was a good experience	1	2	3
b. I have no regrets about having the surgery.	1	2	3
c. I am satisfied with the results.	1	2	3
d. Having this surgery changed my life for the better.	1	2	3
e. I think my breasts are the perfect size for me.	1	2	3
f. The outcome perfectly matched my expectations.	1	2	3
g. I do not feel that I need further surgery to improve how my breasts look.	1	2	3
h. It turned out exactly as I had planned.	1	2	3

**3. With your breasts in mind, in the past 2 weeks, how often have you felt:**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Confident in a social setting?	1	2	3	4	5
b. Good about yourself?	1	2	3	4	5
c. Confident in your clothes?	1	2	3	4	5
d. Of equal worth to other women?	1	2	3	4	5
e. Attractive?	1	2	3	4	5
f. Accepting of your body?	1	2	3	4	5
g. Self-assured?	1	2	3	4	5
h. Confident about your body?	1	2	3	4	5
i. Self-confident?	1	2	3	4	5

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**4. Thinking of your sexuality, since your breast augmentation, how often do you generally feel:**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Not Applicable
a. Sexually attractive in your <u>clothes</u> ?	1	2	3	4	5	N/A
b. Comfortable/at ease during sexual activity?	1	2	3	4	5	N/A
c. Confident sexually?	1	2	3	4	5	N/A
d. Sexy when <u>unclothed</u> ?	1	2	3	4	5	N/A
e. Confident sexually about how your breasts look when <u>unclothed</u> ?	1	2	3	4	5	N/A

**5. In the past 2 weeks, how often have you experienced:**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Pain in your breast area?	1	2	3	4	5
b. Tightness in your breast area?	1	2	3	4	5
c. Uncomfortable shifting of the implants during physical activity (e.g. running down stairs)?	1	2	3	4	5
d. Difficulty sleeping because of discomfort in your breast area?	1	2	3	4	5
e. Difficulty lifting heavy objects?	1	2	3	4	5
f. Difficulty doing vigorous physical activities (e.g. running or exercising)?	1	2	3	4	5
g. Difficulty lifting or moving your arms?	1	2	3	4	5

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**6. How satisfied or dissatisfied were you with the information you received from your plastic surgeon about:**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. How the surgery was to be done?	1	2	3	4
b. Possible complications?	1	2	3	4
c. How the surgery could affect breast-feeding?	1	2	3	4
d. The potential for implant leakage?	1	2	3	4
e. The risks associated with implants?	1	2	3	4
f. The potential for loss of sensation in your nipples?	1	2	3	4
g. The potential for capsular contracture (scar tissue forming around your implant)?	1	2	3	4
h. Healing and recovery time?	1	2	3	4
i. The potential for rippling (wrinkling) of the implant?	1	2	3	4
j. What the scars would look like?	1	2	3	4
k. How to choose a breast size that would suit what you wanted?	1	2	3	4
l. What you could expect your breasts to look like after surgery?	1	2	3	4
m. How the surgery could affect future breast cancer screening (e.g. mammogram, self examinations)?	1	2	3	4
n. How to choose an implant volume that would make your breasts the size that you wanted them to be?	1	2	3	4
o. What size you could expect your breasts to be after surgery?	1	2	3	4
p. How other women choose a breast size?	1	2	3	4

**Please check that you have answered all the questions before going on to the next page**

**7. These questions ask about your plastic surgeon. Did you feel that he/she:**

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
a. Was competent?	1	2	3	4
b. Gave you confidence?	1	2	3	4
c. Involved you in the decision-making process?	1	2	3	4
d. Was reassuring?	1	2	3	4
e. Answered all your questions?	1	2	3	4
f. Made you feel comfortable?	1	2	3	4
g. Was thorough?	1	2	3	4
h. Was easy to talk to?	1	2	3	4
i. Understood what you wanted?	1	2	3	4
j. Was sensitive?	1	2	3	4
k. Made time for your concerns?	1	2	3	4
l. Was available when you had concerns?	1	2	3	4

**Please check that you have answered all the questions before going on to the next page**

**8. These questions ask about members of the medical team other than the surgeon (e.g. nurses and other doctors who looked after you on the day you had your surgery). Did you feel that they:**

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
a. Were professional?	1	2	3	4
b. Treated you with respect?	1	2	3	4
c. Were knowledgeable?	1	2	3	4
d. Were friendly and kind?	1	2	3	4
e. Made you feel comfortable?	1	2	3	4
f. Were thorough?	1	2	3	4
g. Made time for your concerns?	1	2	3	4

**9. These questions ask about members of the office staff (e.g. secretaries, office or clinic nurses). Did you feel that they:**

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
a. Were professional?	1	2	3	4
b. Treated you with respect?	1	2	3	4
c. Were knowledgeable?	1	2	3	4
d. Were friendly and kind?	1	2	3	4
e. Made you feel comfortable?	1	2	3	4
f. Were thorough?	1	2	3	4
g. Made time for your concerns?	1	2	3	4

**Please check that you have answered all the questions**