

BREAST-Q™
REDUCTION / MASTOPEXY 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 your breasts look in clothes?	1	2	3	4
b. How your breast size matches the rest of your body?	1	2	3	4
c. The size of your breasts?	1	2	3	4
d. The shape of your breasts when you are wearing a bra?	1	2	3	4
e. How equal in size your breasts are to each other?	1	2	3	4
f. How comfortably your bras fit?	1	2	3	4
g. The shape of your breasts when you are <u>not</u> wearing a bra?	1	2	3	4
h. How you look in the mirror <u>clothed</u> ?	1	2	3	4
i. How your breasts sit/hang on your chest?	1	2	3	4
j. How normal your breasts look?	1	2	3	4
k. The location of your scars?	1	2	3	4
l. How your scars look?	1	2	3	4
m. How you look in the mirror <u>unclothed</u> ?	1	2	3	4

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

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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. Having surgery was the right decision for me.	1	2	3
b. I would encourage other women in my situation to have breast reduction surgery.	1	2	3
c. I would do it again.	1	2	3
d. Overall the surgery was a positive experience.	1	2	3
e. Having surgery changed my life for the better.	1	2	3
f. I have no regrets about having surgery.	1	2	3
g. The outcome perfectly matched my expectations.	1	2	3
h. It turned out exactly as I had planned.	1	2	3

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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. Of equal worth to other women?	1	2	3	4	5
c. Good about yourself?	1	2	3	4	5
d. Self-assured?	1	2	3	4	5
e. Confident in you clothes?	1	2	3	4	5
f. Accepting of your body?	1	2	3	4	5
g. That your appearance matches who you are inside?	1	2	3	4	5
h. Confident about your body?	1	2	3	4	5
i. Attractive?	1	2	3	4	5

4. Thinking of your sexuality, since your breast reduction, 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. Comfortable/at ease during sexual activity?	1	2	3	4	5	N/A
b. Confident sexually?	1	2	3	4	5	N/A
c. Satisfied with your sex life?	1	2	3	4	5	N/A
d. Sexually attractive in your clothes?	1	2	3	4	5	N/A
e. Sexy when <u>unclothed</u> ?	1	2	3	4	5	N/A

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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. Headaches?	1	2	3	4	5
b. Pain in your breast area?	1	2	3	4	5
c. Lack of energy?	1	2	3	4	5
d. Difficulty doing vigorous physical activities (e.g. running or exercising)?	1	2	3	4	5
e. Feeling physically unbalanced?	1	2	3	4	5
f. Shoulder pain?	1	2	3	4	5
g. Difficulty sleeping because of discomfort in your breast area?	1	2	3	4	5
h. Neck pain?	1	2	3	4	5
i. Painful gouges or grooves in your shoulders from your bra straps?	1	2	3	4	5
j. Feeling physically uncomfortable?	1	2	3	4	5
k. Rashes under your breasts?	1	2	3	4	5
l. Back pain?	1	2	3	4	5
m. Arm pain?	1	2	3	4	5
n. Pain, numbness or tingling in your hands because of your breast size?	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. Healing and recovery time?	1	2	3	4
d. How to choose a breast size that would suit what you wanted?	1	2	3	4
e. The potential for loss of sensation in your nipples?	1	2	3	4
f. What size you could expect your breasts to be after surgery?	1	2	3	4
g. Potential for loss of blood supply to your nipple area?	1	2	3	4
h. How to care for your incisions after surgery?	1	2	3	4
i. What you could expect your breasts to look like after surgery?	1	2	3	4
j. What the scars would look like?	1	2	3	4
k. How the surgery could affect future breast cancer screening (e.g. mammogram, self-examinations)?	1	2	3	4
l. Options to help with scarring?	1	2	3	4
m. How the surgery could affect breast-feeding? (only answer if applicable)	1	2	3	4

7. In the past 2 weeks, how satisfied or dissatisfied were you with:

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. How high or low your nipples are on your breasts?	1	2	3	4
b. How your nipples are lined up in relation to each other?	1	2	3	4
c. The shape of your nipples and areolas?	1	2	3	4
d. How your nipples and areolas look?	1	2	3	4
e. The amount of sensation (feeling) in your nipples?	1	2	3	4

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8. 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

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9. 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

10. 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

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