

**BREAST-Q™**  
**MASTECTOMY MODULE (POSTOPERATIVE) 1.0**

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 breast area 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 you look in the mirror <u>clothed</u> ?      | 1                 | 2                     | 3                  | 4              |
| b. How comfortably your bras fit?                   | 1                 | 2                     | 3                  | 4              |
| c. Being able to wear clothing that is more fitted? | 1                 | 2                     | 3                  | 4              |
| d. How you look in the mirror <u>unclothed</u> ?    | 1                 | 2                     | 3                  | 4              |

2. With your breast area 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. Emotionally able to do the things that you want to do? | 1                | 2                    | 3                | 4                | 5               |
| c. Emotionally healthy?                                   | 1                | 2                    | 3                | 4                | 5               |
| d. Of equal worth to other women?                         | 1                | 2                    | 3                | 4                | 5               |
| e. Self-confident?  | 1                | 2                    | 3                | 4                | 5               |
| f. Feminine in your clothes?                              | 1                | 2                    | 3                | 4                | 5               |
| g. Accepting of your body?                                | 1                | 2                    | 3                | 4                | 5               |
| h. Normal?  | 1                | 2                    | 3                | 4                | 5               |
| i. Like other women?                                      | 1                | 2                    | 3                | 4                | 5               |
| j. Attractive?  | 1                | 2                    | 3                | 4                | 5               |

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

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

|   | <b>None of the time</b> | <b>A little of the time</b> | <b>Some of the time</b> | <b>Most of the time</b> | <b>All of the time</b> |
|---|-------------------------|-----------------------------|-------------------------|-------------------------|------------------------|
| a. Neck pain?   | 1                       | 2                           | 3                       | 4                       | 5                      |
| b. Upper back pain?   | 1                       | 2                           | 3                       | 4                       | 5                      |
| c. Shoulder pain?   | 1                       | 2                           | 3                       | 4                       | 5                      |
| d. Arm pain?  | 1                       | 2                           | 3                       | 4                       | 5                      |
| e. Rib pain?  | 1                       | 2                           | 3                       | 4                       | 5                      |
| f. Pain in the muscles of your chest?                             | 1                       | 2                           | 3                       | 4                       | 5                      |
| g. Difficulty lifting or moving your arms?                        | 1                       | 2                           | 3                       | 4                       | 5                      |
| h. Difficulty sleeping because of discomfort in your breast area? | 1                       | 2                           | 3                       | 4                       | 5                      |
| i. Tightness in your breast area?                                 | 1                       | 2                           | 3                       | 4                       | 5                      |
| j. Pulling in your breast area?                                   | 1                       | 2                           | 3                       | 4                       | 5                      |
| k. Nagging feeling in your breast area?                           | 1                       | 2                           | 3                       | 4                       | 5                      |
| l. Tenderness in your breast area?                                | 1                       | 2                           | 3                       | 4                       | 5                      |
| m. Sharp pains in your breast area?                               | 1                       | 2                           | 3                       | 4                       | 5                      |
| n. Shooting pains in your breast area?                            | 1                       | 2                           | 3                       | 4                       | 5                      |
| o. Aching feeling in your breast area?                            | 1                       | 2                           | 3                       | 4                       | 5                      |
| p. Throbbing feeling in your breast area?                         | 1                       | 2                           | 3                       | 4                       | 5                      |

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

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**4. Thinking of your sexuality, 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 clothes?  | 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. Satisfied with your sex-life?   | 1                | 2                    | 3                | 4                | 5               | N/A            |
| e. Confident sexually about how your breast area looks when <u>unclothed</u> ? | 1                | 2                    | 3                | 4                | 5               | N/A            |
| f. Sexually attractive when <u>unclothed</u> ?                                 | 1                | 2                    | 3                | 4                | 5               | N/A            |

**5. These questions ask about your breast cancer 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**

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**6. These questions ask about members of the medical team other than the surgeon (e.g. nurses and other doctors who looked after you in the hospital when you had your mastectomy).  
 Did you feel that they:**

|                                 | <b>Definitely Disagree</b> | <b>Somewhat Disagree</b> | <b>Somewhat Agree</b> | <b>Definitely Agree</b> |
|---------------------------------|----------------------------|--------------------------|-----------------------|-------------------------|
| 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                       |

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

|                                 | <b>Definitely Disagree</b> | <b>Somewhat Disagree</b> | <b>Somewhat Agree</b> | <b>Definitely Agree</b> |
|---------------------------------|----------------------------|--------------------------|-----------------------|-------------------------|
| 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**