

**BREAST-Q™**  
RECONSTRUCTION MODULE (PREOPERATIVE) 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 breasts in mind, or if you have had a mastectomy, 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 breasts in mind, or if you have had a mastectomy, 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. In the past 2 weeks, with your abdomen (tummy area) in mind, 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. Difficulty sitting up because of abdominal muscle weakness (e.g. getting out of bed)?	1	2	3	4	5
b. Difficulty doing everyday activities because of abdominal muscle weakness (e.g. making your bed)?	1	2	3	4	5
c. Abdominal discomfort?	1	2	3	4	5
d. Abdominal bloating?	1	2	3	4	5
e. Lower back pain?	1	2	3	4	5

**5. In the past 2 weeks, how satisfied or dissatisfied have you been with:**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. How your abdomen looks?	1	2	3	4

**6. 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(s) look 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

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