

BREAST-Q™
REDUCTION / MASTOPEXY MODULE (PRE OPERATIVE) 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, 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. 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. 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 your 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

3. 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. 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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4. 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

Please check that you have answered all the questions

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