



EORTC QLQ – BRECON23

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by circling the number that best applies to you.

The term ‘**affected**’ refers to the breast, which has been, or is about to be, reconstructed.

During the past week:

	Not at all	A little	Quite a bit	Very much
54. Have you had numbness or tingling in your arm or shoulder?	1	2	3	4
55. Have you had a problem with fullness under your arm?	1	2	3	4
56. Have you been feeling less sexually attractive as a result of your disease or treatment?	1	2	3	4
57. Have you felt uncomfortable in intimate situations?	1	2	3	4
58. Has the role of your breast in your sexuality been affected by your disease or treatment?	1	2	3	4
59. Has any loss of pleasurable sensations of your breast been a problem to you?	1	2	3	4

During the past week, how SATISFIED have you been with:

	Not at all	A little	Quite a bit	Very much
60. The size of your affected breast?	1	2	3	4
61. The shape of your affected breast?	1	2	3	4
62. The appearance of the skin of your affected breast?	1	2	3	4
63. The symmetry of your breasts?	1	2	3	4
64. Your cleavage?	1	2	3	4
65. The softness of your affected breast?	1	2	3	4

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Answer these two questions ONLY IF your nipple has been PRESERVED.

During the past week, how satisfied have you been with:	Not at all	A little	Quite a bit	Very much
66. The appearance of your affected nipple?	1	2	3	4
67. The sensation in your affected nipple?	1	2	3	4

Answer these questions in relation to your breast reconstruction overall.

During the past week:	Not at all	A little	Quite a bit	Very much
68. How satisfied have you been with the appearance of any scars on your affected breast?	1	2	3	4
69. Overall, how satisfied have you been with the result of your breast reconstruction?	1	2	3	4
70. Has the reconstruction of your breast helped you come to terms with your disease or treatment?	1	2	3	4

Answer these questions ONLY IF YOU HAVE HAD A FLAP PROCEDURE (skin/muscle is taken from your back, tummy or buttock to reconstruct your breast).

Please answer the following regarding the area where the skin/muscle was taken from:

During the past week:	Not at all	A little	Quite a bit	Very much
71. Have you had pain?	1	2	3	4
72. Have you had tightness?	1	2	3	4
73. Have you had any numbness?	1	2	3	4
74. Have you been satisfied with the appearance of the scars?	1	2	3	4

Answer this question ONLY IF you have LOST your nipple and NOT had a nipple reconstruction.

During the past week:	Not at all	A little	Quite a bit	Very much
75. Has the loss of your nipple been a problem to you?	1	2	3	4

Answer this question ONLY IF you HAVE had nipple preserving or reconstructing surgery.

During the past week:	Not at all	A little	Quite a bit	Very much
76. Has the preservation or reconstruction of your nipple helped you come to terms with the disease or treatment?	1	2	3	4