

Supplementary Materials 2. Questionnaire EORTC QLQ-BRECON23 (English)

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:

54. Have you had numbness or tingling in your arm or shoulder?

Not at all	A little	Quite a bit	Very much
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55. Have you had a problem with fullness under your arm?

Not at all	A little	Quite a bit	Very much
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56. Have you been feeling less sexually attractive as a result of your disease or treatment?

Not at all	A little	Quite a bit	Very much
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57. Have you felt uncomfortable in intimate situations?

Not at all	A little	Quite a bit	Very much
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58. Has the role of your breast in your sexuality been affected by your disease or treatment?

Not at all	A little	Quite a bit	Very much
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59. Has any loss of pleasurable sensations of your breast been a problem to you?

Not at all	A little	Quite a bit	Very much
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During the past week, how SATISFIED have you been with:

60. The size of your affected breast?

Not at all	A little	Quite a bit	Very much
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61. The shape of your affected breast?

Not at all	A little	Quite a bit	Very much
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62. The appearance of the skin of your affected breast?

Not at all	A little	Quite a bit	Very much
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63. The symmetry of your breasts?

Not at all	A little	Quite a bit	Very much
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64. Your cleavage?

Not at all	A little	Quite a bit	Very much
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65. The softness of your affected breast?

Not at all	A little	Quite a bit	Very much
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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:

66. The appearance of your affected nipple?

Not at all	A little	Quite a bit	Very much
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67. The sensation in your affected nipple?

Not at all	A little	Quite a bit	Very much
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Answer these questions in relation to your breast reconstruction overall. During the past week:

68. How satisfied have you been with the appearance of any scars on your affected breast?

Not at all	A little	Quite a bit	Very much
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69. Overall, how satisfied have you been with the result of your breast reconstruction?

Not at all	A little	Quite a bit	Very much
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70. Has the reconstruction of your breast helped you come to terms with your disease or treatment?

Not at all	A little	Quite a bit	Very much
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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:

71. Have you had pain?

Not at all	A little	Quite a bit	Very much
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72. Have you had tightness?

Not at all	A little	Quite a bit	Very much
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73. Have you had any numbness?

Not at all	A little	Quite a bit	Very much
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74. Have you been satisfied with the appearance of the scars?

Not at all	A little	Quite a bit	Very much
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Answer this question ONLY IF you have LOST your nipple and NOT had a nipple reconstruction. During the past week:

75. Has the loss of your nipple been a problem to you?

Not at all	A little	Quite a bit	Very much
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Answer this question ONLY IF you HAVE had nipple preserving or reconstructing surgery. During the past week:

76. Has the preservation or reconstruction of your nipple helped you come to terms with the disease or treatment?

Not at all	A little	Quite a bit	Very much
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