

Supplementary Table 3. The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire - the breast cancer specific module (EORTC BR-23) English version

During the past week	Not at all	A little	Quite a bit	Very much
31. Did you have a dry mouth?	1	2	3	4
32. Did food and drink taste different than usual?	1	2	3	4
33. Were your eyes painful, irritated, or watery?	1	2	3	4
34. Have you lost any hair?	1	2	3	4
35. Answer this question only if you had any hair loss. Were you upset by the loss of your hair?	1	2	3	4
36. Did you feel ill or unwell?	1	2	3	4
37. Did you have hot flushes?	1	2	3	4
38. Did you have headaches?	1	2	3	4
39. Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
40. Have you been feeling less feminine as a result of your disease or treatment?	1	2	3	4
41. Did you find it difficult to look at yourself naked?	1	2	3	4
42. Have you been dissatisfied with your body?	1	2	3	4
43. Were you worried about your health in the future?	1	2	3	4
44. To what extent were you interested in sex?	1	2	3	4
45. To what extent were you sexually active? (with or without intercourse)	1	2	3	4
46. Answer this question only if you have been sexually active. To what extent was sex enjoyable for you?	1	2	3	4
47. Did you have any pain in your arm or shoulder?	1	2	3	4
48. Did you have a swollen arm or hand?	1	2	3	4
49. Was it difficult to raise your arm or to move it sideways?	1	2	3	4
50. Have you had any pain in the area of your affected breast?	1	2	3	4
51. Was the area of your affected breast swollen?	1	2	3	4
52. Was the area of your affected breast oversensitive?	1	2	3	4
53. Have you had skin problems on or in the area of your affected breast? (e.g., itchy, dry, flaky)	1	2	3	4