

Name, patient ID		Hospital															
<p>In the questionnaire you will be asked what you think about your appearance and the changes you have experienced in your body after the diagnosis of the disease and its treatment. Please read the questions carefully and then "mark a clear cross" corresponding to the answer that comes closest to the feeling you have experienced in the last week.</p>																	
Date <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">d</td> <td style="text-align: center;">d</td> <td style="text-align: center;">m</td> <td style="text-align: center;">m</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> </tr> </table>												d	d	m	m	y	y
d	d	m	m	y	y												
		Not at all	A little	Quite a bit	Very much												
Have you been feeling self-conscious about your appearance?																	
Have you felt less physically attractive as a result of your disease or treatment?																	
Have you been dissatisfied with your appearance when dressed?																	
Have you been feeling less feminine/masculine as a result of your disease or treatment?																	
Did you find it difficult to look at yourself naked?																	
Have you been feeling less sexually attractive as a result of your disease or treatment?																	
Did you avoid people because of the way you felt about your appearance?																	
Have you been feeling the treatment has left your body less whole?																	
Have you felt dissatisfied with your body?																	
Have you been dissatisfied with the appearance of your scar?																	
		Poor	Fair	Good	Excellent												
How satisfied are you with the overall result of your treated breast?																	
How satisfied are you with the overall result of your treated breast compared to the other breast?																	
		Yes		No													
Have you had lipo injection in your treated breast (the breast with the cancer before surgery) since last follow up visit? Dette besvares ikke ved baseline																	
Have you had lipo injection in your opposite breast since last follow up visit? Dette besvares ikke ved baseline																	
Do you take any cholesterol lowering medicine?																	
If yes, what name of drug and when did you start the treatment? _____		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">m</td> <td style="text-align: center;">m</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> </tr> </table>										m	m	y	y	y	y
m	m	y	y	y	y												
Did you take cholesterol medicine while you received or could have received radiation therapy?																	