Supplementary Online Content


eAppendix. Questionnaire

This supplementary material has been provided by the authors to give readers additional information about their work.
Questions regarding pain

In this questionnaire we define “the area of the breast” as either the operated breast or the area from which the breast was removed.

1. Do you have pain in the area of the breast, armpit, side of the body, or arm on the side where you were operated?
   □ Yes □ No

If "No", please go on to question 14.

2. If “Yes”, where do you have pain? (Please tick off more than one box if relevant.)
   □ Area of the breast □ Side of the body □ Armpit □ Arm

3. If you have pain in the area of the breast, how strong on average is this pain? (0 is no pain and 10 is the worst pain imaginable)
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

4. If you have pain in the area of the breast, how often do you have this pain?
   □ Every day or almost every day □ 1–3 days a week □ More rarely

5. If you have pain on the side of the body, how strong on average is this pain? (0 is no pain and 10 is the worst pain imaginable)
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

6. If you have pain on the side of the body, how often do you have this pain?
   □ Every day or almost every day □ 1–3 days a week □ More rarely

7. If you have pain in the armpit, how strong on average is this pain? (0 is no pain and 10 is the worst pain imaginable)
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

8. If you have pain in the armpit, how often do you have this pain?
   □ Every day or almost every day □ 1–3 days a week □ More rarely

9. If you have pain in the arm, how strong on average is this pain? (0 is no pain and 10 is the worst pain imaginable)
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

10. If you have pain in the arm, how often do you have this pain?
    □ Every day or almost every day □ 1–3 days a week □ More rarely

11. Have you contacted a doctor within the last 3 months because of pain in the area of the breast, armpit, side of the body, or arm on the side where you were operated?
    □ Yes □ No

12. Do you take painkiller(s) because of pain in the area of the breast, armpit, side of the body, or arm on the side where you were operated?
    □ Yes □ No

13. Do you receive other treatment(s) (than medicine) because of pain in the area of the breast, armpit, side of the body, or arm on the side where you were operated (for example, physiotherapy, massage, chiropractic)?
    □ Yes □ No

Questions regarding sensory disturbances or discomfort

14. Do you have sensory disturbances or discomfort in the area of the breast, armpit, side of the body, or arm on the side where you were operated?
    □ Yes □ No

If “No”, please go on to question 16.

15. If “Yes”, where do you have sensory disturbances or discomfort? (Please tick off more than one box if relevant.)
    □ Area of the breast □ Side of the body □ Armpit □ Arm

Question regarding other pain

16. Do you frequently have pain in other parts of your body (e.g. back pain, headache or similar)?
    □ Yes □ No