**SDC 1: PROM Questionnaire**

| Physical and psychosocial satisfaction | Rarely (1) | Sometimes (2) | All the time (3) |
|--------------------------------------|------------|---------------|------------------|
| How confident are you in a social setting? |            |               |                  |
| Do you feel emotionally able to do the same things you want to do? |            |               |                  |
| Do you feel attractive in your clothing? |            |               |                  |
| Do you feel confident about how your breast area looks? |            |               |                  |
| How satisfied are you with your lumpectomy breast in the mirror? |            |               |                  |
| How equal are your breasts to each other? |            |               |                  |

| Physical well-being |          |          |          |
|---------------------|----------|----------|----------|
| Do you have any difficulty moving your arms? |          |          |          |
| Do you have pain in your breast area? |          |          |          |

| Breast surgery |          |          |          |
|----------------|----------|----------|----------|
| How satisfied are you with your lumpectomy breast in the mirror? |          |          |          |
| How equal are your breasts to each other? |          |          |          |
| Were you satisfied with the info provided regarding types of breast cancer surgery? |          |          |          |
| How was your healing and recovery time? |          |          |          |
| Are you satisfied with how your breasts look after surgery? |          |          |          |
| How satisfied are you with the plastic surgery component of your surgery? |          |          |          |
| Would you recommend the same surgery you had done, to others? (yes/no) |          |          |          |
| If presented again with all your surgical options, would you undergo the same surgery again? (yes/no) |          |          |          |
| If no, what surgery would you consider instead |          |          |          |

| Surgeon(s) | no (0) | yes (1) |
|------------|--------|---------|
| Did your surgeon make you comfortable? |        |         |
| Was your surgeon easy to talk to and understood your concerns? |        |         |