

Eighteen month patient questionnaire

The Royal College of Surgeons of England



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# Questionnaire for women who have had mastectomy surgery

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## What is this survey about?

We are writing to you on behalf of the National Mastectomy and Breast Reconstruction Audit. This audit is being carried out by the Royal College of Surgeons of England and the NHS Information Centre. It aims to improve the care provided to those women diagnosed with breast cancer or DCIS (ductal carcinoma in situ).

While in hospital about eighteen months ago, you kindly agreed to receive a questionnaire to assess the results of your surgery.

We would like to find out about your experiences and quality of life after surgery.

Some women undergo breast reconstruction at the time of their mastectomy, although many do not. According to our records you did not have a reconstruction, and therefore this questionnaire only relates to your experiences after mastectomy.

Your answers will help us to improve the care provided to all women who have this type of surgery, and we would very much appreciate your help in achieving this goal.

## Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope

## Completing the questionnaire

Please answer each question using a black or blue pen. Don't worry if you make a mistake – simply cross out the mistake and mark the correct answer. Please do not write your name or address anywhere on the questionnaire. Please return the questionnaire in the enclosed addressed envelope. You do not have to use a stamp as the postage is already paid.

## Questions or help?

If you have any questions, please call the helpline on 0207 869 6619.

*Taking part in this survey is voluntary. Your answers will be treated in confidence, and will not be seen by the doctors and nurses involved in your care. We will follow the standards set out in the Data Protection Act (1998) throughout our work.*

## Section 1: Dates

**Q1. Please confirm your date of birth (day, month, and year):**

d	d	m	m	y	y	y	y
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**Q2. Please confirm the date on which your mastectomy operation took place (day, month and year):**

d	d	m	m	y	y	y	y
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**Q3. Please record the date on which you completed this form (day, month, and year):**

d	d	m	m	y	y	y	y
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**Q4. Some women have their breast reconstructed after their mastectomy surgery. This may involve an expander or implant being put into the breast area, a 'flap' of skin, fat or muscle moved to the breast area, or a combination of the two. It may also involve more than one operation.**

**Have you undergone a breast reconstruction operation since your mastectomy surgery?**

Yes

No

**Q5. If you have undergone a breast reconstruction operation, please record the date on which this took place (day, month and year):**

d	d	m	m	y	y	y	y
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**If you have undergone breast reconstruction and answered yes to question 4 you do not need to complete the rest of this questionnaire. Please return it to us in the envelope provided.**

## Section 2: Your current quality of life

**Q6. With your breast area in mind, in the past 2 weeks, how satisfied or dissatisfied have you been with:**

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
a. How you look in the mirror <u>clothed</u> ?	1	2	3	4
b. How comfortably your bras fit?	1	2	3	4
c. Being able to wear clothing that is more fitted?	1	2	3	4
d. How you look in the mirror <u>unclothed</u> ?	1	2	3	4

**Q7. With your breast area in mind, in the past 2 weeks, how often have you felt:**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Confident in a social setting?	1	2	3	4	5
b. Emotionally able to do the things that you want to do?	1	2	3	4	5
c. Emotionally healthy?	1	2	3	4	5
d. Of equal worth to other women?	1	2	3	4	5
e. Self-confident?	1	2	3	4	5
f. Feminine in your clothes?	1	2	3	4	5
g. Accepting of your body?	1	2	3	4	5
h. Normal?	1	2	3	4	5
i. Like other women?	1	2	3	4	5
j. Attractive?	1	2	3	4	5

**Q8. In the past 2 weeks, how often have you experienced:**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Neck pain?	1	2	3	4	5
b. Upper back pain?	1	2	3	4	5
c. Shoulder pain?	1	2	3	4	5
d. Arm pain?	1	2	3	4	5
e. Rib pain?	1	2	3	4	5
f. Pain in the muscles of your chest?	1	2	3	4	5
g. Difficulty lifting or moving your arms?	1	2	3	4	5
h. Difficulty sleeping because of discomfort in your breast area?	1	2	3	4	5
i. Tightness in your breast area?	1	2	3	4	5
j. Pulling in your breast area?	1	2	3	4	5
k. A nagging feeling in your breast area?	1	2	3	4	5
l. Tenderness in your breast area?	1	2	3	4	5
m. Sharp pains in your breast area?	1	2	3	4	5
n. Shooting pains in your breast area?	1	2	3	4	5
o. An aching feeling in your breast area?	1	2	3	4	5
p. A throbbing feeling in your breast area?	1	2	3	4	5
q. Swelling (lymphoedema) of the arm on the side that you had your mastectomy surgery?	1	2	3	4	5

**Q9. This question is about your sex-life. If you would prefer not to answer this question please tick this box  and move on to question 10.**

**Thinking of your sexuality, since your mastectomy, how often do you generally feel:**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Not Applicable
a. Sexually attractive in your clothes?	1	2	3	4	5	N/A
b. Comfortable / at ease during sexual activity?	1	2	3	4	5	N/A
c. Confident sexually?	1	2	3	4	5	N/A
d. Satisfied with your sex-life?	1	2	3	4	5	N/A
e. Confident sexually about how your breasts look when <u>unclothed</u> ?	1	2	3	4	5	N/A
f. Sexually attractive when <u>unclothed</u> ?	1	2	3	4	5	N/A

**Q10. Below is a list of normal day to day activities. Please indicate how true each statement has been for you in the past 2 weeks.**

	Not at all	A little	A great deal
a. I need help using the telephone	1	2	3
b. I need help getting to places beyond walking distance	1	2	3
c. I need help grocery shopping	1	2	3
d. I need help preparing meals	1	2	3
e. I need help doing housework or DIY jobs	1	2	3
f. I need help doing laundry	1	2	3
g. I need help taking medication	1	2	3
h. I need help washing myself and dressing myself	1	2	3

### Section 3: Your cancer treatments

**Q11. In the time since your mastectomy surgery have your doctors or nurses told you that the cancer or ductal carcinoma in situ (DCIS) has come back?**

Yes

No

**Q12. Have you had the following treatments since your mastectomy surgery?**

	Yes	No
a. Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
b. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
c. Hormone drug therapy (e.g. tamoxifen, arimidex)	<input type="checkbox"/>	<input type="checkbox"/>
d. Monoclonal antibody therapy (e.g. herceptin)	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Your overall experience

**Q13. Overall, how would you describe the results of your operation?**

- Excellent
- Very good
- Good
- Fair
- Poor

**Q14. Looking back, do you now wish that you had undergone a reconstruction of your breast at the same time as your mastectomy surgery?**

- Yes
- No
- Not sure

**Q15. Do you hope to have a breast reconstruction operation at some point in the future?**

- Yes
- No
- Not sure

**Q16. Overall, how satisfied are you with the options you have been given about breast reconstruction surgery since the time of your original diagnosis?**

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

Thank you for answering these questions.

Your answers will help us to improve the quality of care for all women undergoing mastectomy and breast reconstruction surgery in future.

Please return the questionnaire to the audit team in the enclosed addressed envelope.  
**You do not need to pay any postage on this envelope.**



The  
Information  
Centre

for health and social care