

Supplemental Material 1. Breast implant illness survey

1. In which year did you have your first breast implants placed? (Free-text response)

2. What type of implants do/did you have? (check all that apply)
 - a. Smooth silicone
 - b. Smooth saline
 - c. Textured silicone
 - d. Textured saline
 - e. I don't know

3. Were your implants placed over or under your chest wall muscles? (check one)
 - a. Over muscle
 - b. Under muscle
 - c. I don't know

4. Were your implants placed as part of a breast reconstruction or a cosmetic breast augmentation? (check one)
 - a. Breast reconstruction
 - b. Cosmetic breast augmentation
 - c. Both

5. Have you had any of the following implant-related problems? (check all that apply)
 - a. Capsular contracture
 - b. Change in Implant position and/or breast asymmetry
 - c. Implant rupture or leak
 - d. Implant infection
 - e. Collection of fluid or blood around implant (seroma or hematoma)
 - f. Wound opening leading to implant exposure
 - g. Breast implant illness symptoms
 - h. No implant-related problems

6. Where did you learn about Breast Implant Illness? (check all that apply)
 - a. Internet
 - b. News
 - c. Social media platforms
 - d. Family or Friend
 - e. Naturopathic provider
 - f. Alternative medicine provider
 - g. Family physician
 - h. Rheumatologist
 - i. Endocrinologist
 - j. OB/GYN
 - k. Plastic surgeon

7. Do you Feel that your breast implant(s) have or are negatively affecting your health? (Yes or no)

8. If yes, how long have you had these health-related changes?

- a. 0–6 months
- b. 7–12 months
- c. 13–18 months
- d. 19 months–2 years
- e. > 2 years

9. What kind of implants did you have when these health-related changes began? (check one)

- a. Smooth silicone
- b. Smooth saline
- c. Textured silicone
- d. Textured saline
- e. I don't know

10. What Negative health effects do you feel are related to your breast implants? (check all that apply)

- a. Fatigue
- b. Headaches and/or migraines
- c. Anxiety
- d. Depression
- e. Vertigo
- f. Brain fog and/or decreased ability to concentrate
- g. Poor sleep and/or insomnia
- h. Changes in vision
- i. Changes in hearing
- j. Joint pain
- k. Muscle pain
- l. Numbness or tingling sensation in upper and lower limbs
- m. Cold and/or discolored limbs, hands, or feet
- n. Breast discomfort
- o. Rashes
- p. Hair loss
- q. Dry skin and/or hair
- r. Dry eyes
- s. Easy bruising
- t. Changes in bladder habits
- u. Changes in bowel habits
- v. Food intolerance and/or food allergies
- w. Metallic taste
- x. Weight problems (inability to lose/gain weight)
- y. Thyroid disorders
- z. Hormone imbalance
 - aa. Early menopause
 - bb. Low libido
 - cc. Poor healing
 - dd. Fevers and night sweats
 - ee. Persistent infections
 - ff. Swollen and tender lymph nodes in breast area/underarms/throat/neck/groin

11. Do you have an autoimmune disease? (Yes or no)
12. If yes, what autoimmune disease were you diagnosed with? (Free-text response)
13. Was your autoimmune diagnosis made before placement of your breast implants? (Yes or no)
14. If no, how long after your implants were placed were you diagnosed with an autoimmune disorder?
 - a. 0–6 months
 - b. 7–12 months
 - c. 13–18 months
 - d. 19 months–2 years
 - e. > 2 years
15. What specialists have you seen regarding Breast Implant Illness symptoms? (check all that apply)
 - a. Naturopathic Provider
 - b. Alternative medicine
 - c. Primary care provider (family medicine or internal medicine)
 - d. Rheumatologist
 - e. Endocrinologist
 - f. Neurologist
 - g. Plastic surgeon
 - h. OB/GYN
16. Have you had your implants removed? (Yes or no)
17. If yes, what year were your implants removed? (Free-text response)
18. Have you noticed improvements in your health following implant removal? (check one)
 - a. No – I continue to experience the same health affects
 - b. Yes – My symptoms have completely resolved
 - c. Yes – Some symptom improvement
19. If yes, please check the symptoms that have improved following implant removal (check all that apply)
 - a. Refer to question 10 for list of symptoms
20. If no, what are barriers to implant removal? (check all that apply)
 - a. Cost
 - b. Poor health
 - c. Recovery time
 - d. Finding a surgeon
 - e. Concerns about breast appearance after implant removal