

**SDC 1: Patient-reported questionnaire for PAP or DIEP only patients**

**Which site was used for your breast reconstruction? (Choose one) THIGH or ABDOMEN**

**In the past 2 weeks with your thighs or abdomen in mind, how often have you experienced:**

	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
Difficulty doing everyday activities (e.g. making your bed)	1	2	3	4	5
Discomfort	1	2	3	4	5
Tightness	1	2	3	4	5
Negative impact on your sexual life due to incisions?	1	2	3	4	5
Negative impact on your ability to work?	1	2	3	4	5

**In the past 2 weeks, how satisfied or dissatisfied have you been with:**

	<i>Very dissatisfied</i>	<i>Somewhat dissatisfied</i>	<i>Somewhat satisfied</i>	<i>Very satisfied</i>
How your thighs or abdomen look in clothing?	1	2	3	4
How your thighs or abdomen looks without clothing?	1	2	3	4
How your thighs or abdomen scars look?	1	2	3	4
How your thighs or abdomen feels now compared to before your surgery?	1	2	3	4
How your thighs or abdomen looks now compared to before your surgery?	1	2	3	4

**On a scale of 1-10 with 1 being not problematic at all and 10 being very problematic, how much of a problem were the thighs or abdomen? \_\_\_\_\_**

**What was the most problematic issue with your thighs or abdomen?**