

BREAST EVALUATION QUESTIONNAIRE

Name
DOB
Date.....

To the Patient: Enter the appropriate number for your answer. Enter only **one** choice per answer.
Please answer **every** question. Do not leave any blank.

1. How comfortable or uncomfortable do you or would you feel in the following situations with regard to your general appearance or the appearance of your breasts, specifically: alone, with your boyfriend or an intimate partner, around other women you know well (family or friends), around men in general, around other women you don't know well (health club or dressing room), or around a professional health care provider (doctor or nurse)?

Please rate yourself on the questions below by writing in the appropriate number using the scale below.

- 1 = Very uncomfortable
- 2 = Somewhat uncomfortable
- 3 = Neither comfortable nor uncomfortable
- 4 = Somewhat comfortable
- 5 = Very comfortable

a. Your general appearance fully dressed?

- Alone ____
- Spouse or sexual/ intimate partner ____
- Men in general ____
- Women you know well ____
- Women you don't know well ____
- Health care provider ____

b. Your general appearance in a bathing suit?

- Alone ____
- Spouse or sexual/ intimate partner ____
- Men in general ____
- Women you know well ____
- Women you don't know well ____
- Health care provider ____

c. Your general appearance naked?

- Alone ____
- Spouse or sexual/ intimate partner ____
- Men in general ____
- Women you know well ____
- Women you don't know well ____
- Health care provider ____

d. The appearance of your breasts when fully dressed?

- Alone ____
- Spouse or sexual/ intimate partner ____
- Men in general ____
- Women you know well ____
- Women you don't know well ____
- Health care provider ____

e. The appearance of your breasts while in a bathing suit?

- Alone ____
- Spouse or sexual/ intimate partner ____
- Men in general ____
- Women you know well ____
- Women you don't know well ____
- Health care provider ____

f. The appearance of your breasts while naked?

- Alone ____
- Spouse or sexual/ intimate partner ____
- Men in general ____
- Women you know well ____
- Women you don't know well ____
- Health care provider ____

BREAST EVALUATION QUESTIONNAIRE (continued)

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2. How satisfied or dissatisfied are you with each of the characteristics related to your breasts while in each of the proposed activities?

Please rate yourself on the questions below by writing in the appropriate number using the scale below.

- | | |
|----------------------------------------|------------------------|
| 1 = Very dissatisfied | 4 = Somewhat satisfied |
| 2 = Somewhat dissatisfied | 5 = Very satisfied |
| 3 = Neither satisfied nor dissatisfied | |

Activity	a. Breast size	b. Breast shape	c. Breast softness
Intimate or Sexual	_____	_____	_____
Leisure or Social	_____	_____	_____
Professional or Job-Related	_____	_____	_____

3. How satisfied are the various people in your life with the general appearance of your breasts? (If people within one category feel differently, rate the person whose opinion means the most to you.)

Please rate yourself on the questions below by writing in the appropriate number using the scale below.

- | | |
|----------------------------------------|------------------------|
| 1 = Very dissatisfied | 4 = Somewhat satisfied |
| 2 = Somewhat dissatisfied | 5 = Very satisfied |
| 3 = Neither satisfied nor dissatisfied | |

The general appearance of your breasts?

- You yourself _____
- Spouse or sexual/ intimate partner _____
- Parent(s) _____
- Siblings(s) _____
- Friend(s) _____

4. How important is the size of your breasts to the following people in your life? (If people within one category feel differently, rate the person whose opinion means the most to you.)

Please rate yourself on the questions below by writing in the appropriate number using the scale below.

- | | |
|---------------------------------------|------------------------|
| 1 = Very unimportant | 4 = Somewhat important |
| 2 = Somewhat unimportant | 5 = Very important |
| 3 = Neither important nor unimportant | |

The size of your breasts?

- You yourself _____
- Spouse or sexual/ intimate partner _____
- Parent(s) _____
- Siblings(s) _____
- Friend(s) _____

Administrative Use
