MELODY **Patient-ID: IE - _ _ _ - _ _ _**

Patient Questionnaire (PRO)

Dear Patient,

As a part of the MELODY study, we kindly ask you to answer several questions regarding your quality of life and any problems related to your breast surgery.

Please do not think in terms of "right" or "wrong" but indicate the answer that best applies to you. Please answer the questions without discussing with others and try not to leave any questions without answers since they are all equally important. The information that you provide will remain strictly confidential.

Please give this questionnaire back to your doctor or study nurse after the surgery.

Thank you for your participation!

Date of surgery: _ _ / _ _ / _ _ _ _
DAY MONTH YEAR

Was a wire, marker or ink placed in your breast to localize the tumor during surgery?

YES → think about the time <u>after this procedure</u> when answering questions 1-10

NO → think about the hours <u>before your surgery</u> when answering questions 1-10

1. How strong was the pain you experienced during activity, such as moving, walking, washing, coughing, breathing?

Please answer by circling the number that best applies, “0” meaning no pain at all and “10” the strongest pain you can imagine.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

2. How strong was the <u>strongest</u> pain you experienced?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

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Patient Questionnaire (PRO)

3. How strong was the <u>lightest</u> pain you experienced?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Now we would like to ask you to answer the following questions regarding activities that were impaired due to pain, meaning that the activity was either <u>not possible</u> or <u>possible only with great difficulty</u>.

4. Moving:	☐ yes	☐ no
5. Coughing:	☐ yes	☐ no
6. Deep breathing:	☐ yes	☐ no
7. Sleeping:	☐ yes	☐ no
8. Was your mood affected by the pain?	☐ yes	☐ no
9. Have you felt nausea?	☐ yes	☐ no
10. Have you felt dizzy?	☐ yes	☐ no

The following questions are about your concerns regarding the anaesthetic and the surgery. All questions refer to the time <u>before</u> surgery.

	Not at all				Extremely
	1	2	3	4	5
11. I was worried about the anaesthetic.	☐	☐	☐	☐	☐
12. The anaesthetic was on my mind continually.	☐	☐	☐	☐	☐
13. I wanted to know as much as possible about the anaesthetic.	☐	☐	☐	☐	☐
14. I was worried about the surgery.	☐	☐	☐	☐	☐
15. The surgery was on my mind continually.	☐	☐	☐	☐	☐
16. I wanted to know as much as possible about the surgery.	☐	☐	☐	☐	☐

Information for the Study Team:

Please transfer the above answers into the <u>eCRF</u> online.