

*Higher Standards. Greater Hope.*

**Breast Surgery Barrier Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. On a scale of 1-10 what level of distress (home/work) did you have in your life prior to your diagnosis? *(1 is least, 10 is greatest.)*

**Select a Number: 1 2 3 4 5 6 7 8 9 10**

2. On a scale of 1-10 how strong do you feel your support system is? *(1 is least, 10 is greatest.)*

**Select a Number: 1 2 3 4 5 6 7 8 9 10**

3. On a scale of 1-10 how important is saving your breast to you? *(1 is least, 10 is greatest.)*

**Select a Number: 1 2 3 4 5 6 7 8 9 10**

4. If you needed or wanted to have a mastectomy, would you want to have your breast reconstructed (a new breast made)?

- Yes**  
 **No**  
 **Not Sure**

5. Do you think having a mastectomy will increase your survival as compared to having a lumpectomy?
- Yes**
  - No**
  - Not Sure**
6. What other factors may affect your decision of whether to have a lumpectomy or mastectomy to treat your breast cancer? (check all that apply)
- Need for radiation**
  - Strong opinions of family or friends**
  - Length of surgical recovery times**
  - Perceived risk of recurrence**
  - Transportation for multiple appointments or procedures**
  - Other health problems**
  - Need for general anesthesia**
  - Concern over body image**
  - Possible impact on spouse or significant other**