

**Mark A Deuber, MD**

**Breast Reduction Questionnaire**

**Patient Name** \_\_\_\_\_

**Date** \_\_\_\_\_

I need a breast reduction for the following reasons (check/fill in all that apply):

- I have back aches and neck aches.
- My shoulders hurt all the time.
- I have headaches from the pressure of my breasts hanging down.
- I have taken Advil, Tylenol, Aleve daily for pain for at least six months. (circle all that apply)
- My clothes are uncomfortable, hard to find and hard to fit.
- Bras my size are hard to find and usually cost \$50 - \$60.
- My breasts interfere with me being able to perform the duties of my job.
- I can't exercise because my breasts get in the way.
- I can't exercise because my chest hurts from the weight of my breasts bouncing up and down.
- My pain has not been relieved by physical therapy or exercise.
- I have lost \_\_\_\_ lbs, but my breasts have not changed in size.
- There are indentions in my shoulders from the pressure of my bra.
- I can't sleep comfortably because my breasts get in the way.
- I have itching and rashes under my breasts. I have to use \_\_\_\_\_ (type and brand) medicated lotion.
- My breasts developed at a very early age.
- I have to sit with my arms crossed under my breasts to give support and ease the pain.