

Table SI. Questionnaire for Cancer Patients Treated with Anticancer Drugs-Breast.

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Physical symptoms and pain

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| 1 | Did you have pain or numbness in the chest, armpits or arms of the disease side?  |
| 2 | Did you have swollen arms (swollen) on the disease side?  |
| 3 | Could you raise the disease side arm up?  |
| 4 | Were you concerned about skin symptoms (for example redness, swelling, hotness and itching) around the chest on the disease side? |
| 5 | Did you have any pain related to disease or treatment?  |
| 6 | Were you satisfied with the shape of your breasts and surgical scar? (Please only answer this question if you underwent surgery)  |

Satisfaction to treatment and coping with disease

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| 7  | Were you satisfied with the explanation from your doctor about the medical condition and treatment?   |
| 8  | Were you satisfied with the hospital facilities and other medical professionals who were not doctors? |
| 9  | Did you accept the fact that you have your disease?   |
| 10 | Were you willing to seek treatment for the disease?   |

Side effect to treatment

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| 11 | Did you have hair loss?   |
| 12 | Did you feel tired?   |
| 13 | Did you suffer from hot flashes and sweating of your body and forehead? |
| 14 | Did you suffer from changes in taste (abnormalities)?                   |

Dress, sexual aspect, other

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|----|---|
| 15 | Did you feel inconvenienced in clothes, for example you could not wear clothes you wanted to? |
| 16 | Did you feel hesitant to being naked in public, such as a hot spring?                         |
| 17 | Are you satisfied with sex life?  |
| 18 | Were you concerned that your family would get the same disease?                               |
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