**Supplementary file : pain questionnaire**

|  |  |
| --- | --- |
| **Location of the pain*** Breast scar
* Anterior chest wall
* Axilla
* Arm
 | **Intensity score**1. 10
2. 10
3. 10
4. 10
 |
| **Timing*** Postoperative pain
* Duration of the pain after surgery
	+ More than 3 months
	+ More than 6 months
	+ More than 9 months
	+ More than 12 months
	+ More than 15 months
	+ More than 18 months
	+ More than 21 months
	+ More than 24 months
	+ More than 30 months
	+ More than 36 months
	+ More than 42 months
	+ More than 48 months
* Frequency of the pain
	+ Every day
	+ Every two days
	+ Other
 | **YES** | **NO** |
| **Pain characteristics*** Burning
* Painful cold sensation
* Electric shocks
 | **YES** | **NO** |
| **Symptoms associated with the pain*** Swarming
* Tingling
* Numbness
* Itching
 | **YES** | **NO** |
| **Hypoesthesia to the touch** | **YES** | **NO** |
| **Hypoesthesia to the injection** | **YES** | **NO** |
| **Is pain caused by friction ?** | **YES** | **NO** |
| **Is pain increased by movements of the shoulder ?** | **YES** | **NO** |