**Supplementary file : pain questionnaire**

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| **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** |