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**BREAST REDUCTION QUESTIONNAIRE**

1. At what age did you first begin to note rapid breast enlargement? \_\_\_\_\_
2. Has your body weight been stable, within +/- 10 lbs during the past year? Yes No
3. Are your breasts presently at the largest size they have ever been? Yes No
4. Have you had any chronic or recurrent back pain or discomfort? Yes No
5. Have you any chronic or recurrent neck pain or discomfort? Yes No
6. Has any physician told you that your back or neck strain is directly related to your large breasts? Yes No

If yes, please give the name of the physician:

\_\_\_\_\_

7. Do you have any functional limitations in daily activities because of your large breasts? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Because of your large breasts, do you have any inabilities to exercise properly? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you had any problems with recurrent headaches? Yes No

If yes, have you been told by a neurologist or other physician that they may be caused by your large breasts? Yes No

If yes, please give the name of the physician:

\_\_\_\_\_

10. Do you have shoulder pain where the bra strap crosses the shoulder? Yes No

11. Do you have furrows (depressions) in the shoulder region where your bra straps cross the shoulder? Yes No

12. Do you have the constant sensation of a heavy anterior chest wall and uncomfortable breasts? Yes No

13. Have you noted numbness of the little finger of your hand? Yes No

14. Have you experienced any pain radiating down the back of the arm to the elbow region? Yes No