Four-Dimensional Body Image Score for women with breast and gynecological Cancers 4D-BISC

1) **Are you worried about the physical changes that your illness or its treatment are causing?**

Not at all (0) A little (1) Moderately (2) Very much (3)

2) **Do you have difficulty accepting your physical appearance since your diagnosis or treatment?**

Not at all (0) A little (1) Moderately (2) Very much (3)

3) **Do you avoid looking at your body because of physical changes (scars, hair loss, etc.)?**

Never (0) Sometimes (1) Often (2) Always (3)

4) **Do you feel less attractive than before your diagnosis or treatment?**

Not at all (0) A little (1) Moderately (2) Very much (3)

5) **Do you think that your body is weaker or less capable than it was before?**

Not at all (0) A little (1) Moderately (2) Very much (3)

6) **Do you find it difficult to show yourself in public because of your physical appearance?**

Never (0) Sometimes (1) Often (2) Always (3)

7) **Do you feel that others are looking at you or judging you more than before your diagnosis because of your appearance?**

Never (0) Sometimes (1) Often (2) Always (3)

8) **Does your body image affect your participation in social activities (meetings, outings, etc.)?**

Not at all (0) A little (1) Moderately (2) Very much (3)

9) **Have your physical changes affected your sexual desire?**

Not at all (0) A little (1) Moderately (2) Very much (3)

10) **Do you feel embarrassed by the physical changes (scars, stoma, hair loss) during intimate relationships?**

Never (0) Sometimes (1) Often (2) Always (3)

11) **Do you have difficulty feeling desirable for your partner?**

Not at all (0) A little (1) Moderately (2) Very much (3)

12) **Does your body image affect your satisfaction in your intimate relationships?**

Not at all (0) A little (1) Moderately (2) Very much (3)

13) **Does your body image affect your self-confidence?**

Not at all (0) A little (1) Moderately (2) Very much (3)

14) **Do you feel anxious or depressed because of the physical changes related to your illness or treatment?**

Never (0) Sometimes (1) Often (2) Always (3)

15) Do you feel that your quality of life has been affected by changes in your physical appearance?

Not at all (0) A little (1) Moderately (2) Very much (3)

16) What types of support would you like to receive to improve your body image? (Several possible answers)

Type of support desired	**Select**
Advice on medical makeup	☐
Advice on medical makeup	☐
Workshops on body image	☐
Support groups	☐
Other (please specify) ……	