

| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| Thinking about your RECOVERY, do you agree with the statements below? | | | | | |
| Having this surgery changed my life for the better. | | | | | |
| My recovery was as I had planned. | | | | | |
| The outcome matched my expectations. | | | | | |
| Knowing what I know now, I would choose to have this surgery again. | | | | | |
| I am happy with my scars. | | | | | |
| My scars are not painful. | | | | | |
| My scars are in a good location. | | | | | |
| I am happy with my nipples. | | | | | |
| My nipples are a good color. | | | | | |
| My nipples have sensation. | | | | | |
| My nipples are in a good position. | | | | | |
| I am happy with the contour of my chest. | | | | | |
| Additional Comments: | | | | | |
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