

BREAST IMPLANT SURVEY (3 months postop. or more)

Patient: \_\_\_\_\_

Date of survey: \_\_\_\_\_

Date of implants: \_\_\_\_\_

Saline: \_\_\_\_\_ or silicone: \_\_\_\_\_

1. How do you score your result on a scale of 1-10, with 1 being the worst possible result and 10 being the best? \_\_\_\_\_
2. Do you have any wrinkling of your implants that you can *see*? Y / N (If yes, which side, left \_\_\_\_\_, right \_\_\_\_\_, or both \_\_\_\_\_?)
3. Do you have any wrinkling of your implants that you can *feel*? Y / N (If yes, which side, left \_\_\_\_\_, right \_\_\_\_\_, or both \_\_\_\_\_?)
4. If you have wrinkling, does it bother you? Yes \_\_\_\_\_, No \_\_\_\_\_, A little \_\_\_\_\_ N/A \_\_\_\_\_
5. Is the firmness of your breasts just right \_\_\_\_\_, too firm, \_\_\_\_\_, or too soft \_\_\_\_\_?
6. Do your breasts look natural? Y / N (Or they look fake but that's what I wanted \_\_\_\_\_)
7. Is your size just right \_\_\_\_\_, you would prefer larger \_\_\_\_\_, prefer smaller \_\_\_\_\_?
8. Are your scars well-hidden? Yes / No
9. Are your implants at the right level \_\_\_\_\_, too high \_\_\_\_\_, or too low \_\_\_\_\_?
10. Did you have a deflation? Y / N
11. If you had it to do over, would you still have a breast augmentation? Y / N
12. If you had it to do over, would you still make the same choice in implant type (saline or silicone)? Yes, same type / No, the other type