

## BREAST REDUCTION SURVEY

Patient Name \_\_\_\_\_

Date of interview \_\_\_\_\_

Date of surgery \_\_\_\_\_

1. Did you have daily back / shoulder / neck (circle area) pain *before* surgery? Y / N *After* surgery? Y / N
2. Difficulty with exercising or sports due to breast size *before* surgery? Y / N *After* surgery? Y / N
3. Did you have surgery to: Improve appearance / Lessen discomfort / Both
4. How many days did you take off work? \_\_\_\_\_
5. How long did your pain last after surgery? \_\_\_\_\_
6. How long before you were back to normal? \_\_\_\_\_
7. On a scale of 1-10 (1 is no pain, 10 is most severe pain), what was your pain level after surgery? \_\_\_\_\_
8. Did you have any complications after surgery? Y / N What complication? \_\_\_\_\_
9. How are your scars? Well hidden \_\_\_\_ Visible but they're okay \_\_\_\_ You're unhappy with them \_\_\_\_
10. Did you have nipple numbness after surgery? Y / N One side / Both Did feeling return? Y / N / Partially
11. Self-conscious with the appearance of your breasts *before* surgery? Y / N *After* surgery? Y / N
12. Satisfied with the result? Y / N
13. Meet your expectations? Y / N / Exceeded
14. Would you do it again? Y / N
15. Would you recommend it to someone else? Y / N
16. On a scale of 1 – 10, with 10 being the best, how would you rate your result? \_\_\_\_\_
17. Did you have implants at the time of your surgery? Y / N
18. Are you pleased that you had the implants? Y / N
19. Has the surgery improved your self-esteem or self-confidence? Not at all \_\_\_\_ A little \_\_\_\_ A lot \_\_\_\_
20. Has the surgery improved your quality of life? No / a little / a lot
21. Is your breast size? Just right \_\_\_\_ Prefer larger \_\_\_\_ Prefer smaller \_\_\_\_