

Questionnaire on the level of understanding of the surgical procedure and level of satisfaction with the preoperative consultation

Age:

Sex: Female Male

Level of education:

Professional activity:

Please take five minutes of your time to fill out this form.

Please answer all questions. Mark with an X the answer that best suits you.

	Very Good	Good	Satisfactory	Bad	Very Bad
Appointment length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of the explanation about the surgical procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgeon's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgeon's knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgeon availability to clarify and explain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to give understandable explanations (clarity of information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with the preoperative consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Have you ever had any surgery?

Yes

No

If so, which one(s)? _____

2. Do you have any known illness(es)?

Yes

No

If so, which one(s)? _____

3. Are you aware that any plastic and reconstructive surgery has associated risks?

- Yes, there are several risks
- Yes, the risk is similar to that in other surgical areas
- There are no associated risks
- I don't know

4. What surgery(ies) will you undergo?

- Abdominoplasty
- Liposuction
- Thigh *lift* (cruroplasty)
- Arm *lift* (brachioplasty)
- Otoplasty
- Rhinoplasty
- Upper blepharoplasty
- Inferior blepharoplasty
- Face *lift*
- Breast reduction/mastopexy
- Breast augmentation
- Expander-implant breast reconstruction
- Latissimus dorsi* flap breast reconstruction
- DIEP flap microsurgical breast reconstruction (*deep inferior epigastric perforator free flap*)
- TRAM flap breast reconstruction (*transverse rectus abdominus muscle flap*)
- Nipple-areolar complex (NAC) reconstruction

5. Please state your level of expectation regarding the surgery

- Very High
- High
- Neutral
- Low
- Very Low

6. Were you satisfied with the explanation provided by the surgeon?

- I am satisfied
- I need more information

7. Do you know and understand the technique(s) used in your surgery?
- Yes
- No
8. Do you consider that after your surgery you will have scar marks?
- Yes
- No
- I don't know
9. Do you know what/how/where the incision/mark(s) associated with your surgery will be?
- Yes
- No
10. Do you know the location and size of the incision/scar?
- Yes
- No
11. Would you recommend the InfiniteBook and preoperative kit assisted explanation?
- Yes
- No

The questionnaire ends here. Thank you for your time.