

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