BREAST EVALUATION QUESTIONNAIRE

Name		Age_		Bra Size_	Ht	Wt	
I am interested in: Breast implar	Breast enlargement exchange □			_	·		
How long have you	considered this ty	pe of surg	ery?				
Have any friends or Who?	family had this ty		-		ey satisfied?	Yes N	۷o
Did they experience What kind?	any problems?						
Breast masse Fibrocystic?. Breast pain?. Skin changes	the following? arge?es?s over the breasts mining your breas	?	Yes Yes Yes Yes_	NoNo No No			
Are you self-conscio	ous about your bre	easts? Y	es N	0			
Do you have difficul Yes No	ty buying properly	v-fitting clo	thing as	a result of	your breasts?		
Do your breasts cha	ange in size aroun	d the time	of your p	period?	Yes No		
Do you practice mor	nthly breast self-e	xaminatio	ns? Ye	es No			
What was the date of Results_	of your last mamn	nogram? _					
Have you had any p Type Results	revious breast su				ite		
Any family history of		Yes N	No				
How many children If yes, how lo	do you have? ng?		D	id you bre	ast feed them_		
Do you smoke cigar	ettes? Yes	No	How ma	ny?			
Do you take aspirin	or aspirin-contain	ing produc	ts? Ye	es No			
Do you take steroids	s? Yes No	Do you	have dia	abetes?	Yes No		
Do you have any dif	ficulty healing wo	unds? Y	es N	0			
Do you scar poorly?	Yes No						

Page 2 Breast Evaluation Questionnaire

Please complete these questions if you already have breast implants:

1.	When did you first have your breast implants?
	Where? By whom?
	What type of implants?
	What size implants?
	Where were your incisions? (Please circle)
	Under the breast Around the nipples In the armpit
	Where are they placed? (Please circle)
	On top of the muscle Under the muscle
2.	What size bra did you wear before your implants?