

Date:

VAS for discomfort and pain during surgery

Please rate the pain during the surgery:

No pain at all 0 +---+---+---+---+---+---+---+---+---+---+10 Extreme pain

Date:

VAS for post-operative discomfort and pain

Please rate the pain during the 2 weeks after surgery:

No pain at all 0 +-----+-----+-----+-----+-----+-----+-----+-----+-----+10 Extreme pain

Date: _____

Patient feedback of esthetic satisfaction:
6 months post-surgery

Your evaluation of postoperative esthetics:

Completely unattractive

Completely attractive

0 +---+---+---+---+---+---+---+---+---+10

Date:

Patient feedback of esthetic satisfaction:
12 months post-surgery

Your evaluation of postoperative esthetics:

Completely unattractive

Completely attractive

0 +---+---+---+---+---+---+---+---+---+10