

Hair Transplantation Post Procedure Questionnaire, one year follow-up

In an effort to provide the best possible patient care and excellent results, The American Board of Hair Restoration Surgery would appreciate your comments. Please feel free to be as direct as you wish. Your anonymity is assured and your comments will be treated confidentially. Please take few minutes to fill out this survey by circling one of the following statements.

Physician name: (mandatory) _____ Date of procedure: (optional) _____

(1) Strongly agree (2) agree, (3) neutral (4) disagree, and (5) strongly disagree

1. I am completely satisfied with my hair transplantation experience.
(1) (2) (3) (4) (5) Is there anything else that could have been done to improve your experience?
Please comment below.
2. The procedure and recovery went as well as I was taught to expect by the surgeon and/or his team.
(1)strongly agree (2)agree (3)neutral (4)disagree (5)strongly disagree
3. What was your experience with post-operative "shock loss" (i.e., the thinning of the pre-existing hair in the recipient or donor areas)?
(1) none (2) minimal (3) moderate (4) significant (5) not applicable (my scalp was bald before the procedure)
4. I was satisfied with the performance of the physician in the recovery period.
(1) (2) (3) (4) (5)
5. The Physician was adequately available for any questions during my recovery from the surgery.
(1) (2) (3) (4) (5)
6. I feel that the *naturalness* of my result is what I expected.
(1) (2) (3) (4) (5)
7. I feel that the *density and coverage* of my result is what the surgeon and/or his assistant led me to expect.
(1) (2) (3) (4) (5)
8. My donor hair was extracted by:
(1) linear extraction ("strip" procedure), or (2) individual Follicular Unit Extraction (FUE)
9. The scar(s) in the donor area are what I expected them to be.
(1)strongly agree (2)agree (3)neutral (4)disagree (5)strongly disagree
10. I am pleased that I made the decision to undergo hair transplantation.
(1) (2) (3) (4) (5)
11. I would choose the same surgeon again if I were to have another hair transplantation procedure.
(1) (2) (3) (4) (5)
12. I would recommend this surgeon to my friends and family if they were considering hair transplantation.
(1) (2) (3) (4) (5)

13. I am using the following treatment to prevent ongoing hair loss (please indicate all that apply):

(1) minoxidil (rogaine) (2) finasteride (propecia) (3) laser therapy (4) other (please comment below)

Additional Comments:

If you would like to share your name, please do so and indicate if we may share your comments with your physician and staff.

Name (optional): _____

Thank you very much for participating in this survey!

American Board of Hair Restoration Board of Directors