

Hair Transplantation Post Procedure Questionnaire, three week 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. During the initial consultation with the physician, all of my questions were answered to my satisfaction.

(1) (2) (3) (4) (5)

2. My phone conversations with the staff preoperatively were pleasant and handled professionally.

(1) (2) (3) (4) (5)

3. I had ample opportunity to ask questions and address any concerns *prior to* the procedure.

(1) (2) (3) (4) (5)

4. Prior to starting, the surgical plan including hairline design was discussed and I agreed with the plan.

(1) (2) (3) (4) (5)

5. Overall the professionalism and medical care of the staff met my standards.

(1) (2) (3) (4) (5)

6. Overall the technicians were attentive to my needs and were courteous and friendly.

(1) (2) (3) (4) (5)

Do you have any specific comments about the staff that you would like to share? Please comment below.

7. I received clear post-procedure instructions that were easy to follow.

(1) (2) (3) (4) (5)

8. I left the surgery center feeling good about my surgical experience.

(yes)(no)

Is there anything else that could have been done to improve your experience? Please comment below.

9. What was your experience with post-operative swelling or edema?

(1) none (2) minimal (3) moderate (4) significant

10. What was your experience with post-operative discomfort?

(1) none (2) minimal (3) moderate (4) significant

11. 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)

12. The procedure and recovery went as well as I expected.

(1)strongly agree (2)agree (3)neutral (4)disagree (5)strongly disagree

13. I had ample opportunity to ask questions and address any concerns *after* the procedure.

(1) (2) (3) (4) (5)

14. I was completely satisfied with the performance of the surgical team.

(1) (2) (3) (4) (5)

15. I was completely satisfied with the performance of the physician.

(1) (2) (3) (4) (5)

16. The physician provided me with his/her emergency contact phone number in case of emergency

(1) yes (2) no

17. The Physician was available for any questions during the first three weeks post-procedure

(1) (2) (3) (4) (5)

18. Please indicate the type of hair transplantation procedure you had. Donor hair follicles were removed via:

(1) linear extraction ("strip" procedure), or (2) individual Follicular Unit Extraction (FUE procedure)

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