Satisfaction Questionnaire for Hand Rejuvenationby Targeted Fat Grafting

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| General Information | | | | | | | | |
| Patient’s name |  | | Surgeon’s name |  | | No. of fat grafting procedures | |  |
| Date of first fat  grafting | |  | | | Date of second fat grafting | |  | |
| Date of third fat  grafting | |  | | | Date of forth fat grafting | |  | |

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|  | Patient | Legal guardian |

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| ASSESSMENT of Patient Satisfaction | | | |
| General Information：Please take a look at preoperative and postoperative photographs and rate the aesthetic result of the fat grafting procedure according to the satisfaction scale by checking the box next to the corresponding number and description.  1= unsatisfactory, hand dorsum aging is not or only slightly improved  2= satisfactory, hand dorsum aging is noticeably improved  3= very satisfactory，hand dorsum aging has been corrected, there is no need for more operations | | | |
| Satisfaction for first fat grafting | 1 | 2 | 3 |
| Satisfaction for second fat grafting | 1 | 2 | 3 |
| Satisfaction for third fat grafting | 1 | 2 | 3 |
| Satisfaction for forth fat grafting | 1 | 2 | 3 |
| Complications and Reasons for Dissatisfaction | | | |
|  | | | |

Applicant’ name: Date: