

## PLASTIC SURGERY QUESTIONNAIRE

1. What do you dislike about the appearance of your body?

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2. When does your body's appearance bother you most?

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3. Do your feelings about your body ever keep you from doing certain activities?

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4. Why are you interested in plastic surgery now?

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5. How do you anticipate your life will be different after surgery?

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6. How will you know if you are happy with the postoperative results?

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7. Have you ever had problems with depression or anxiety?      YES      NO

8. Have you ever, or are you currently, under the care of a  
mental health professional?      YES      NO

9. Have you ever, or are you currently, taking a psychiatric  
medication?      YES      NO

If Yes:

What is the name of the medication? \_\_\_\_\_

Who is prescribing this medication? \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_