Repeating Ambulatory Clinic Follow-up with Mobile App Home Monitoring in Breast Reconstruction Patients: A Randomized Controlled Trial

Telephone questionnaire capturing patient costs, to be completed by all patients at week two and week four.

**Patient Identification No:** ______________________  **Date:** ______________________

We would like to learn more about the patient borne costs for visiting a doctor. Your participation in filling in the survey is voluntary and will not affect your care.

1. Did you attend a scheduled, in-person follow-up appointment with your surgeon?
   - □ yes
   - □ no

   **Only if yes… please complete the rest of the survey**

2. Are you currently employed or seeking employment?
   - □ yes
   - □ no

   **If yes…**
3. When did you go back to work: ______(days after your surgery)

4. Did you stay in a hotel prior to your postoperative follow-up appointment?
   - □ yes
   - □ no
   - □ N/A (telemedicine follow-up)

5. How much time does it take to attend a follow-up appointment (from time you leave your house, until time you arrive back at home)? _______ minutes _________ hours

6. Did a caregiver (e.g. partner, child, friend) attend the postoperative clinic visits with you?
   - □ yes
   - □ no
   - □ N/A (telemedicine follow-up)

   **If yes…**
7. Is your caregiver currently employed or seeking employment?
□ yes
□ no

8. Please provide the birth year __________, sex __________ of the caregiver attending the visit with you. (Estimates within 5 years are acceptable.)

Thank you for your participation in this study!