

## Adverse Events Survey:

This follow-up questionnaire is important for tracking any symptoms associated with your treatment. Note: The submission of this information is for research purposes and may not be regularly monitored by your doctor.

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### Unexpected Symptoms

Have you experienced any new medical problems or symptoms that were not present prior to your treatment?

- Yes
- No

### Symptom Details

Where did the problem occur?

- Body Part Treated
- Tissue Collection Site
- Other

When did your problems or symptoms first begin?

- Today
- This week
- Before this week
- 1 month ago
- 3 months ago
- 6 or more months ago

Did you or are you seeking medical attention?

- No
- Treating Doctor
- Emergency Department
- Primary Care Doctor
- Surgery



Please specify the issue:

- Pain
- Swelling
- Infection
- Bleeding
- Bruising
- Other

Please specify "other":

Details (optional):