



AAFPRS Foundation FACE TO FACE Program ■ *International Survey* ■

Name: _____

Office Address: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

1. Have you participated in any AAFPRS Foundation sponsored FACE TO FACE trips? Yes No

2. If yes, when and where: _____

3. What was the primary type of surgery performed? _____

4. Have you participated in pro bono trips with any other organization? _____

5. If yes, when, where, and with which organization? _____

6. What was the primary type of surgery performed? _____

7. In terms of procedures, what types of cases do you feel comfortable handling?

- | | | |
|--|--|--|
| <input type="checkbox"/> Cleft lip/cleft palate | <input type="checkbox"/> Maxillofacial | <input type="checkbox"/> Soft tissue, only |
| <input type="checkbox"/> Bone, only | <input type="checkbox"/> Soft tissue and bone | <input type="checkbox"/> Maxillofacial trauma, revision |
| <input type="checkbox"/> Skull-based tumor surgery | <input type="checkbox"/> Orthognathic surgery | <input type="checkbox"/> Microvascular tissue transfer surgery |
| <input type="checkbox"/> Congenital craniofacial (orbital cranial) | <input type="checkbox"/> Congenital craniofacial (microtia repair, ear tags) | |
| <input type="checkbox"/> Other (please specify) _____ | | |

8. Have you written any papers or given any courses on the procedures you checked above? Yes No

9. Would you be willing to go on a pro bono trip to:

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Central America | <input type="checkbox"/> Eastern Europe | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Cuba | <input type="checkbox"/> Philippines | <input type="checkbox"/> Russia |
| <input type="checkbox"/> South America | <input type="checkbox"/> Middle East | <input type="checkbox"/> China |
| <input type="checkbox"/> Africa | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

10. Is there any location (s) you would be unwilling to go? Please specify. _____

11. Are you willing to pay for your trip?

12. Would you be willing to solicit companies for medical equipment and supplies? _____



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13. WHAT LANGUAGES DO YOU SPEAK?

	FAIR	GOOD	EXCELLENT	FLUENT
<input type="checkbox"/> ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GERMAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RUSSIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHINESE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OTHER (PLEASE SPECIFY)				

14. How long can you be away from your practice at one time?

- Less than one week
 One full week
 Two weeks
 More (please indicate length of time) _____

15. How much advance notice for a trip do you need?

- One year
 Six months
 Three to six months
 Less than one month

TRAVEL DISCLAIMER

The role of the Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery is to provide staff support for this activity. Neither that Foundation nor the American Academy of Facial Plastic and Reconstructive Surgery is responsible for the health or safety of participants in this activity nor for economic losses they may suffer from their participation. Each Participant should make his/her own arrangements for protecting health and safety and should provide his/her own insurance to cover risks of the activity.

Thank you for taking the time to fill out this survey