

WOODLANDS SURGERY POST-OPERATION PERIOD QUESTIONNAIRE 13/14

1. Please rate the pain you felt for the first few days after the Vasectomy on a scale of 1 to 10

No discomfort or pain

Agony



1

2

3

4

5

6

7

8

9

10



Additional Comments:

2. Did you experience PAIN or an ACHE for over a week? (Please circle)

YES

NO

If YES:

How long did the PAIN take to settle?

....days

How long did any ACHE take to settle

....days

If you are still experiencing pain please tell us below what more about it, with your name & phone number - thank you

Additional Comments:

3. Did you require any oral antibiotics resulting from the Vasectomy? (Please circle)

YES

NO

If YES:

What was the reason?

How many days after the procedure was this prescribed?

Who prescribed the antibiotics? (Please circle)

Vasectomy Surgeon

GP

Other

Additional Comments:

4. After the operation did you experience a PAINFUL swelling in the scrotal sac that resulted in either of your testicles (balls) appearing to become twice their original size?

YES

NO

If YES: How would you describe the size of your swelling? (Please circle 1 choice)

Double your original testicle size?

Golfball?

Satsuma?

Apple?

Cricket Ball?

Grapefruit?

Other? (please describe):

Additional Comments:

5. Were you given adequate advice after the operation in the post-op information sheet? (Please circle)

Completely

Pretty Adequate

Adequate

Not Adequate

Totally Inadequate

6. Were you provided with a contact number if follow up advice was needed?

YES

NO

If Yes: Whose number was it? (Please circle)

Your own GP's?

Out Of Hours?

Your Vasectomy Surgeon?

Not Known

7. Regarding any of the complications ALREADY mentioned in this questionnaire (ie PAIN, INFECTION or SWELLING) did you have to seek any MEDICAL ADVICE?

YES

NO

If Yes: Who did you contact? (Please circle)

Your own GP Practice?

Out Of Hours?

Your Vasectomy Surgeon?

Casualty?

How helpful were they?

Totally Helpful

Very helpful

Slightly helpful

Not very helpful

Not helpful at all

8. Did you seek any medical advice (URGENT OR ROUTINE) regarding any complications that have NOT already been mentioned earlier in this questionnaire? YES NO

If Yes: Who did you contact? (Please circle)
 Your own GP Practice? Out Of Hours? Your Vasectomy Surgeon? Casualty?

Can you try to explain why you had to seek medical advice?:

How helpful were they?
 Totally Helpful Very helpful Slightly helpful Not very helpful Not helpful at all

9. Did you have to take more time off work than you anticipated? (please circle) YES NO

If YES: How many days did it take you to return to work?days

10. Did you experience any problems with the undertaking of the Sperm testing? (please do not include having to repeat tests due to not being clear) YES NO

If YES can you please explain what was the problem?

Did you use a Postal Service? YES NO

11. Have you noticed any difference with your sex life following your vasectomy? Better No Change Worse

If Worse can you explain why?:

12. How was the whole process of having a Vasectomy in relation to how you expected it to be? (Please circle)

Much Better Better As Expected Worse Much Worse

Additional comments:

13. How did you feel about the quality of care you received from.... (please tick one box for each row)

	Excellent	Very Good	Good	Fair	Poor
The Doctor(s)					
The Nurses					
Administration Staff					

Additional Comments:

14. Please rate your overall satisfaction with our service (Please circle)

Excellent Very Good Good Fair Poor

Addition Comments:

15. How likely are you to recommend our clinic to friends or family if they needed similar care or treatment?

Extremely likely Likely Neither likely nor unlikely Unlikely Extremely unlikely

Additonal Comments:

16. Finally, please feel free to add any final thoughts on your experience:

17. This questionnaire is presently anonymous.

Would you be willing to give your email address below so that we can contact you in the future?

There are many reasons we may want to follow you up, for example:-

- 1) Your Vasectomy Surgeon may want contact you in respect to issues you have highlighted in the questionnaire.
 - 2) We may want to send you future questionnaires relating to your vasectomy
 - 3) Or perhaps you're happy for us to compare this survey with the one you did immediately following your operation?
- If any applies, then please give us your name and an email address in the box below, many thanks.

Name:

Email:

CQUIN APPROVED