

AneurysmTSQ

(Aneurysm Treatment Satisfaction Questionnaire)

The following questions are concerned with your experience of aortic aneurysm treatment, including any:

- monitoring
- medication
- operation

Please answer each question by circling a number on each of the scales.

1. How satisfied are you with your aneurysm treatment (including monitoring)?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How convenient have you found your treatment (including monitoring)?

very convenient 6 5 4 3 2 1 0 very inconvenient

3. How bothered are you by any discomfort or pain related to your aneurysm and/or its treatment recently?

not at all bothered 6 5 4 3 2 1 0 very bothered

4. Were you given any information about the following aspects of treatment for your aneurysm? Please tick one box for each aspect of treatment below.

	yes	no	don't recall
• Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Operation (stent or open-repair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recommended or restricted activities/movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4a. Were you given any of the above information in written form for you to take home?

yes no don't recall

4b. How satisfied are you with information provided about your aneurysm and its treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

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