

# Venous Treatment Satisfaction Questionnaire - early (VenousTSQe)

**You have recently had a procedure to treat varicose veins. The following questions are concerned with your experience before, during and / or after the procedure. Please answer each question by circling a number on the scale and / or ticking a box.**

**1a. Before the procedure, were you given any information about the following possible aspects of treatment for your varicose veins? Please tick one box for each aspect of treatment below.**

	yes	no	don't recall
i. Details of planned procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Expected levels of discomfort / pain involved with the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Side effects / after-effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Recommended or restricted activities / movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Post-procedure care (including self-care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Recovery time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1b. Before the procedure, were you given any of the above information in written form?**

yes     no     don't recall

**1c. Overall, how satisfied are you with the information you were given?**

very satisfied    6    5    4    3    2    1    0    very dissatisfied

**2. How apprehensive did you feel before the procedure to treat your varicose veins?**

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

**3. How bothered were you by the amount of discomfort or pain you had during the procedure?**

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

**NOT FOR USE: This copy is a shortened sample only.**

For use of the full questionnaire, please contact [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)