

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 checking a box.

1a. Before the procedure, were you given any information about the following possible aspects of treatment for your varicose veins? Please check 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

continued on the next page ...

NOT FOR USE: This is a shortened sample only.

For use of the full questionnaire, please contact info@healthpsychologyresearch.com

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