

## Patients' Experiences of Toenail Surgery

We are continually trying to improve the quality of the service we provide. To do this, we need to know what you thought about your recent surgery. We hope you are able to help us by completing your questionnaire. The information you provide will be treated in the strictest confidence.

Year < TYPE THE YEAR HERE >

Q1 Q1. Please indicate which age group you are in:

- |                                   |                                  |                                  |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 21 - 35 | <input type="checkbox"/> 36 - 50 |
| <input type="checkbox"/> 51 - 65  | <input type="checkbox"/> 65 - 70 | <input type="checkbox"/> OVER 75 |

Q2 Before attending the Pediatric Clinic was your toenail problem operated on by anyone else?

- Yes  No

Q3 If yes, by whom?

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> GP                   | <input type="checkbox"/> Chiropodist | <input type="checkbox"/> Orthopaedic dept |
| <input type="checkbox"/> General surgery dept | <input type="checkbox"/> Other       |   |

Q4 After your GP referred you to the Pediatric Clinic, how long did you wait to be seen?

- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 2 - 4 weeks | <input type="checkbox"/> 4 - 6 weeks  | <input type="checkbox"/> 6 - 8 weeks        |
| <input type="checkbox"/> 8 -10 weeks | <input type="checkbox"/> 10 -12 weeks | <input type="checkbox"/> More than 12 weeks |

Q5 At the Pediatric Clinic how many toes did you have treated?  
Please specify the number in the space provided below.

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Q6 Was this on:

- One foot  Both feet

Q7 What did you have done?

- Whole nail removed  Sides of nail removed

Q8 Was a chemical (phenol) put on your toe to stop the nail(s) from growing back?

- Yes  No  Don't know

Q9 This is about the information you were provided with.

Yes No

Were you told verbally about the procedure?

If YES, were you told in a way that you could clearly understand?

Were you given any written information about the procedure?

Q10 How much pain did you have after the procedure? ( please tick one box only)

None  Mild  Moderate  Severe  Intolerable

Q11 How long did the pain last? ( please tick only one box)

Only during the procedure  24 hours  48 hours  
 3 days  7 days  14 days  
 Longer than 14 days

Q12 Did you have to take any pain relief because of the pain?

Yes  No

Q13 If YES, what did you take?

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Q14 How long did you take this medication for? (number of days)

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Q15 How long did it take for your toe(s) to heal?

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Q16 Do you think that the post-operative information that you were given was adequate?

Yes  No

Q17 If NO, what do you think you should have been told?

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Q18 Do you think the post operative care that you were given was adequate?

Yes

No

Q19 If NO, what do you think you should have been offered?

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Q20 Dressing Information

Yes

No

Did you need to buy any more dressings once you got home?

If you did have to buy more dressings, did you experience difficulty in finding them?

Do you think it would be better if you were given a prescription for the correct type of dressings?

Do you think it would be better if you were provided with a pack of dressings to take home with you?

Q21 Please use this space to comment further on dressings:

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Q22 After your routine follow up visit, did you have to telephone or visit the Clinic again?

Yes

No

Q23 If yes, did you?

Have further re-dressings?

Attend your doctor for antibiotic treatment?

Have the same problem re-operated upon?

Q24 Did you think that the way the Pediatrist who dealt with you was:

Very helpful

Fairly Helpful

Helpful

Unhelpful

Very Unhelpful

Q25 How satisfied were you with the service?

Happy

Satisfied

Not sure

Dissatisfied

Unhappy