



PASCOM Patient Satisfaction Questionnaire (P.S.Q 10)

Name :	Operation date :
1. Briefly state what you expected to gain from treatment, in the space provided below.	
2. Were the risks and possible complications of surgery explained to ... you, before you had your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
3. Did you know what to do if you had a problem after your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No
4. Did you have a problem after your operation? (if you answered 'No', then go straight to question 5 overleaf, otherwise answer questions 4a – 4d below)	<input type="checkbox"/> No <input type="checkbox"/> Yes, a minor problem <input type="checkbox"/> Yes, a major problem
4a. When you had your problem, how did you seek help?	<input type="checkbox"/> I waited until my next appointment and raised it then <input type="checkbox"/> I telephoned for help and was given an earlier appointment <input type="checkbox"/> I called the Podiatrist out <input type="checkbox"/> I contacted the Podiatrist who gave me advice over the telephone <input type="checkbox"/> I attended my local hospital casualty department <input type="checkbox"/> Other (state)
4b. If you rang the Podiatry Department, when did you call? (Ignore this question if you did not telephone for help)	<input type="checkbox"/> 9 am - midday <input type="checkbox"/> Midday to 5 pm <input type="checkbox"/> 5 pm to 9 am
4c. If you rang the Podiatry Department, how did you find the speed of response? (Ignore this question if you did not telephone for help)	<input type="checkbox"/> Slow to respond <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fast to respond
4d. Overall how would you say your problem was dealt with?	<input type="checkbox"/> Poorly <input type="checkbox"/> Cannot say as problem is still being managed <input type="checkbox"/> Satisfactorily <input type="checkbox"/> Excellently
Please turn over and complete the questions on the other side	

5. After your operation, how effective was your pain control?	<input type="checkbox"/> Pain control did not work <input type="checkbox"/> Some pain but I coped <input type="checkbox"/> Minimal or no pain
6. When could you get back into your shoes?	<input type="checkbox"/> By two weeks <input type="checkbox"/> By four weeks <input type="checkbox"/> By six weeks <input type="checkbox"/> By eight weeks <input type="checkbox"/> By six months <input type="checkbox"/> Six months and over
7. Do you still have discomfort from your original foot condition?	<input type="checkbox"/> Yes, even whilst at rest <input type="checkbox"/> Yes, when standing <input type="checkbox"/> Yes, when standing for long periods <input type="checkbox"/> Just occasional twinges <input type="checkbox"/> No discomfort
8. How would you describe your original foot condition since treatment?	<input type="checkbox"/> Deteriorated <input type="checkbox"/> A little worse <input type="checkbox"/> The same <input type="checkbox"/> Better <input type="checkbox"/> Much better
9. Would you be prepared to have surgery performed under the same conditions again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Were the original expectations that you stated at the beginning of this questionnaire met?	<input type="checkbox"/> Yes <input type="checkbox"/> In part <input type="checkbox"/> No
<p>Thank you for your co-operation in filling in this questionnaire.</p> <p>The results of our patient surveys are used to improve the quality of service that we provide to our patients and will remain anonymous.</p> <p>Return your questionnaire to this address:</p>	