

Existing conditions and surgery - Patient feedback

Please help us to assess the type of care diabetic patients receive before, during and after an

1) Were you given written information about how your diabetes would be affected by the operation?

1 Yes

2 No

2) If YES to Q1, who gave you this information?

GP

Outpatient department

Ward Staff

Other

3) Were you given written information about how your diabetes would be managed during your hospital stay?

1 Yes

2 No

4) If YES to Q3 who gave you that information?

GP

Outpatient department

Ward Staff

Other

5) Was it VERBALLY explained to you how your diabetes would be managed during your hospital stay?

1 Yes

2 No

6) If YES to Q5, who explained?

GP

Outpatient department

Ward Staff

Other

7) Were you told of the effect that the anaesthetic may have on your diabetes?

1 Yes

2 No

8) Do you feel that you were given adequate information about the effect your operation may have on your diabetes control?

1 Yes

2 No

9) Please tell us any comments you may have about your inpatient stay in relation to your diabetes:

10) Whilst in hospital, do you feel that your personal ability to manage your diabetes was respected?

1 Yes

2 No

11) If NO to Q11, please tell us about your experience:

12) Please indicate what type of procedure you underwent:

1 Abdominal surgery

3 Ophthalmic (eye) surgery

5 Other

2 Gynaecological surgery

4 Orthopaedics (bone) surgery

13) Was this

1 Day case

2 Inpatient

14) Date of procedure

▼

15) How long following surgery was your normal diabetic control achieved?

1 Up to 1 week

2 Up to 2 weeks

3 Up to 3 weeks

4 Up to 4 weeks

5 over 4 weeks

6 Other _____

16) Are you still have problems controlling your diabetes?

1 Yes

2 No

17) Please use this space to elaborate on any answers or make general comments

18) Date you completed this form?

▼

Thank you for your time.

Please return the completed questionnaire in the pre-paid envelope provided.