



Draft

Proforma 5

1.IDENTIFYING CODES - TO BE COMPLETED BY ENDOSCOPY NURSE

ERCP Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Patient's Hospital Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hospital Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Patients Date Of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date of ERCP	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Patients Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

1.PLEASE COMPLETE THIS QUESTIONNAIRE AFTER YOU HAVE HAD YOUR ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAM (ERCP).YOU MAY COMPLETE IT ON THE WARD OR AT HOME . ONCE YOU HAVE COMPLETED IT PLEASE PLACE THE QUESTIONNAIRE IN THE ENVELOPE SUPPLIED AND POST IT TO US. YOU DO NOT NEED A STAMP.

2.THE STAFF WHO HAVE CARED FOR YOU WILL NOT SEE YOUR ANSWERS, THOUGH YOU MAY ASK FOR THEIR ASSISTANCE IF YOU WISH.

3.PUT A TICK IN THE BOX WHEN ANSWERING. IF YOU MAKE A MISTAKE FILL IN THE BOX COMPLETELY

1.Enter the date that you filled this questionnaire in

/ /

2.Where are you at present

- I have gone home
- I am still in hospital

3.Do you remember anything about the ERCP:

- Yes, a lot
- Yes, but not a lot
- No

4.Were you given a letter or leaflet before your ERCP that explained things? (don't include information given to you as part of this study)

- Yes
- No
- Can't remember

5.If Yes when did you receive this letter or leaflet:

- on day of test
- A few days before
- Over a week ago

6.Did anyone speak to you before the ERCP to tell you what it would involve? (you can tick more than one box if more than one person has explained things to you)

- Yes, the doctor who did the ERCP
- Yes a doctor but not the one who did ERCP
- Yes a nurse
- No, No one spoke to me about the ERCP beforehand
- I'm not sure who spoke to me before the ERCP

7.Have you had a chance to ask questions before your ERCP

- Yes
- No
- Can't remember

8.Do you know why your doctor recommended an ERCP

- Yes No



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9. How satisfied are you with the explanation given to you before your ERCP

- Very
- Fairly
- Not very
- Not at all

10. Where were you asked to sign the consent form for your ERCP (you can tick more than box if necessary):

- in the room or department where the ERCP was done
- in outpatient clinic
- on the ward
- at home-the form was posted to me beforehand
- I can't remember being asked to sign form

11. Were you informed of any possible complications

- Yes
- No
- Not Sure

12. If you answered yes to the last question were you:

- told in writing
- told by mouth
- told in writing and by mouth

13. Was the ERCP what you expected based on the explanation you were given

- very similar
- Similar
- Not Similar
- Nothing like it
- Didn't receive explanation

14. What was different (write down what you think):

15. Has the result of the ERCP been explained to you

- Yes
- No
- Not Sure

16. Were you told to look out for any symptoms after the ERCP

- Yes
- No
- Not Sure

17. Were you given an information sheet to take away with you after the ERCP

- Yes
- No
- Not sure

THANKYOU VERY MUCH FOR YOUR HELP.
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