

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Your highest education level/degree: (check)

Less than high school    High school/GED    Some college    College    Masters    Doctoral

Operation you had: \_\_\_\_\_

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*Please mark the response(s) below that best describes your experience with the Sequential Compression Devices (SCDs) that were placed on your legs after surgery.*

**KNOWLEDGE AND UNDERSTANDING OF SCDS**

- 1. I understood the purpose of the SCDs .....  Yes                       No
- 2. My physician told me about the purpose of the SCDs .....  Yes                       No
- 3. My nurse told me about the purpose of the SCDs .....  Yes                       No
- 4. I would have liked more information on the purpose of the SCDS.....  Yes                       No
- 5. The nurses and physicians told me when the SCDs should be on .....  Yes                       No
- 6. My nurse instructed me on how to use the SCDs .....  Yes                       No
- 7. I would have liked to receive more instruction on how to use the SCDs.....  Yes                       No

8. Based on the instruction and attention I received regarding the SCDs, I feel that the SCDs:

*Choose one answer.*

- a)  Were not important to wear during my hospital stay
- b)  Were somewhat important but not a priority
- c)  Were important only during the first day.
- d)  Were important only when I was in bed.
- e)  Were important to be worn at all times unless I was walking.

9. To my understanding, the purpose of SCDs is to:

*Choose one answer.*

- a)  Prevent muscle cramps
- b)  Prevent blood clots
- c)  Assist with relaxation/massage
- d)  Prevent bed sores

**APPLICATION OF SCDS**

- 10. The SCDs were available immediately following surgery.....  Yes    No    Not sure
- 11. The SCDs were available throughout my hospital stay.....  Yes    No    Not sure
- 12. The nurses checked that the SCDs were on and working....  Always    Usually    Rarely    Never
- 13. The nurses replaced the SCDs if they were not on.....  Always    Usually    Rarely    Never

14. As best as I can remember, the amount of time that I wore the SCDs during my hospitalization was:

- a)  Less than half of the time I was in bed
- b)  At least half of the time I was in bed
- c)  All of the time I was in bed

15. If I was taught how to put on and take off the SCDs by myself:

- a)  I would be able to operate the SCDs.
- b)  I would not be able to operate the SCDs because they are too complicated.
- c)  I would not be able to operate the SCDs because I couldn't bend or reach down to my legs after my surgery.

16. The delay in replacing the SCDs after I returned to bed was generally:

- a)  No delay
- b)  Less than 10 minutes
- c)  10-29 minutes
- d)  30-59 minutes
- e)  60 minutes or more

**BOTHERSOME ASPECTS OF SCD USE**

Please circle on the scale from 1-10 how bothersome each of the items listed below were to you:

(1 is not bothersome and 10 is very bothersome)

	Not bothersome	←—————→										Very bothersome
17. The SCDs were noisy .....	1	2	3	4	5	6	7	8	9	10		
18. The SCDs caused pain .....	1	2	3	4	5	6	7	8	9	10		
19. The SCDs were confining .....	1	2	3	4	5	6	7	8	9	10		
20. The SCDs caused sweating .....	1	2	3	4	5	6	7	8	9	10		
21. The SCDs made my legs hot.....	1	2	3	4	5	6	7	8	9	10		
22. The SCDs caused insomnia or waking from sleep .....	1	2	3	4	5	6	7	8	9	10		
23. The SCDs caused tripping or falling .....	1	2	3	4	5	6	7	8	9	10		
24. The SCDs caused skin irritation .....	1	2	3	4	5	6	7	8	9	10		
25. The SCDs caused leg or foot numbness .....	1	2	3	4	5	6	7	8	9	10		
26. The SCDs were itchy .....	1	2	3	4	5	6	7	8	9	10		
27. Putting on and taking off the SCDs was time consuming.....	1	2	3	4	5	6	7	8	9	10		
28. The SCDs felt too tight .....	1	2	3	4	5	6	7	8	9	10		

**ADDITIONAL QUESTIONS**

*Please circle the most appropriate number, corresponding to the statements below:*

*(1 is strongly disagree and 5 is strongly agree)*

- Strongly disagree ←————→ Strongly agree
29. The SCDs felt like a massage ..... 1 2 3 4 5
30. The SCDs were difficult to use ..... 1 2 3 4 5
31. The SCDs were comfortable ..... 1 2 3 4 5
32. If given the choice, I would prefer an anti-clot injection ..... 1 2 3 4 5

under my skin 2-3 times daily instead of using the SCDs.

**What do you believe are the main reasons why SCDs are not worn all the time?**

*Place an X next to any answer that applies. If your answer(s) are not on the list, fill in the “other” line.*

- Too hot/sweaty
- Uncomfortable
- Noisy
- Wakes me up
- Itching
- Device not available
- Tethering/tangling
- SCDs not replaced after removal
- Difficult to use
- They are not important
- Prevents walking/getting up
- Not enough instructions given
- Other(s) \_\_\_\_\_

**What would make SCDs easier to use?**

*Place an X next to any answer that applies. If your answer(s) are not on the list, fill in the “other” line.*

- Lighter weight/cooler material
- Wireless/cordless device
- Better instruction about purpose
- Better instruction about how to use
- No need for improvement
- Family member training to help put on
- Better availability of nurses to assist with the SCDs
- Other(s) \_\_\_\_\_

**Please provide any additional comments regarding the SCDs in the space below. Thank you for your time and consideration in completing this survey:**