

## Lung Volume reduction: patient pathway questionnaire

Thankyou for taking part today. We are keen to find out about your experience of having a lung volume procedure to help us to improve the way we care for people with COPD.

| Initials | :                                | Age:                           |   |
|----------|----------------------------------|--------------------------------|---|
| Please   | circle one: Male/Female          |                                |   |
| 1)       | What lung volume procedure of    | lid you have? (Please circle): | Lung volume reduction surgery<br>Bronchoscopic valves |
| Date:    |                                  | _                              |   |
| 2)       | How long were you in hospital    | for when you had the proced    | dure? Days  |
| 3)       | Overall all how well do you thin | nk it worked? (Please mark w   | rith a cross on the line)                             |
| Made r   | me much better                   | no real effect                 | much worse  |
|          |                                  |                                |   |
| 4)       | How old were you when you w      | ere first diagnosed with ches  | t trouble? ——— Years                                  |
| 5)       | At what age did it first started | to limit what you could do or  | n a day to day basis? Years                           |



## **The Pathway**

| 6) | What had happened or what was it about your condition that led to you being referred here? |
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| 7) | How long was it between referral and your first appointment at RBH?                        |
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| 8) | What if any difficulties were there when attending you initial appointment at RBH?         |
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| 9) How well were the investigations explained to you at your initial appointment? |
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| 10) How well was the procedure explained to you?                                  |
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| 11) What was good about the referral process?                                     |
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| 12) What | was bad aboเ | ıt the referra | l process? |  |  |
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## The procedure

|   | 13) Roughly how long did it take from your initial appointment with us to having the procedure?        |
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|   | 14) Roughly how long did it take from the decision to have the procedure and the procedure being done? |
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| - | 15) What do you remember was good about having the procedure?  |
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| 16) What do you remember was bad about the procedure?                             |
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| 17) Ware there any unexpected things you encountered during after the procedure?  |
| 17) Were there any unexpected things you encountered during/ after the procedure? |
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| 18) Tell me about your experience of the care you received at this time? How could it b improved? |
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| 19) How do you feel different as a result of the procedure?                                       |
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## The follow up

| 20) What happened after you went home from hospital? What was good or bad?   |
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| 21) Looking back on your experience what are the most important things that are positive/negative about your treatment and care? |
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| 22) In what way has it changed the way you view and/or manage you COPD?  |
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| 23) How do you feel you r condition is as a result of the procedure now? |
| Much better  |
| Somewhat better  |
| About the same   |
| Somewhat worse   |
| Much worse   |
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| 24) If it was up to you how you would change the process?                |
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| 26) Looking back r | ow would you ha | ve the procedu | re again? |  |
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|                    | No No           |                |           |  |