



**COMPLICATIONS**

1. Please rate the pain you felt for the **FIRST FEW DAYS** after the vasectomy on a scale of 1 to 10 (1 being no pain or discomfort to 10 being agony)


1
2
3
4
5
6
7
8
9
10


No Pain Agony

Additional Comments .....

2. Did you experience PAIN following your vasectomy?  YES  NO

3. How many days did the PAIN take to settle? ..... days

4. If you are still experiencing PAIN please tell us more about it:  
.....

5. Did you experience an ACHE following your vasectomy?  YES  NO

6. How many days did the ACHE take to settle? ..... days

7. Did you require ANTIBIOTICS resulting from the vasectomy?  YES  NO

8. Can you try to explain why the antibiotics were prescribed?  
.....

9. How many days AFTER the vasectomy were these first prescribed? ..... days

10. Who prescribed you the antibiotics?  Own GP  
 Vasectomy Surgeon  
 Other – Please Specify

11. After the operation did you experience a PAINFUL SWELLING in the scrotal sac that results in either of your testicles appearing to become twice their original size?  YES  NO

12. How would you describe the size of your swelling?  Double original size  
 Golf ball  
 Satsuma  
 Apple  
 Cricket Ball  
 Grapefruit  
 Other, specify .....

**POST OPERATIVE ADVICE**

13. Were you given adequate advice after the operation in the post-op information sheet?  
 Completely  
 Pretty Adequate  
 Adequate  
 Not Adequate  
 Totally Adequate

14. Were you provided with a contact number if follow-up advice was needed?  YES  NO

15. Did you have to take more time off work than you anticipated?  YES  NO

16. How many days did it take you to return to work? ..... Days

**OVERALL OPINION AND EXPERIENCE**

17. How was the whole process of having a vasectomy in relation to how you expected it to be?

- Much better
- Better
- As Expected
- Worse
- Much Worse

Additional Comments:

18. How did you feel about the quality of care you received from:

	Excellent	Very Good	Good	Fair	Poor	N/A
Doctors						
The Nurses/Health Care Assistants						
The Administrators						

Additional Comments:

19. Please rate your overall satisfaction with our service

- Excellent
- Very Good
- Good
- Fair
- Poor

20. How likely are you to recommend our clinic to friends or family if they needed similar care or treatment?

- Extremely Likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely Unlikely

Other/Comments:

21. Finally, please feel free to add any final thoughts on your experience.

22. This questionnaire is presently anonymous. However we would be grateful if you would be willing to give your name and date of birth below for the following possible reasons:

- a) We may wish to contact you in respect to issues you have highlighted in the questionnaire, such as prolonged pain etc.
- b) We may want to send you future questionnaires relating to your vasectomy.

Name: ..... Date of Birth: .....

**WE ARE VERY GRATEFUL FOR YOU COMPLETING THIS QUESTIONNAIRE FORM.**

**MANY THANKS.**