

# IP survey IP1314

This report was generated on 03/10/23. Overall 1 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

## I have read the information above which explains the purpose of the project and how any information I provide will be used



## I consent (agree) to NICE using the information I have given in the ways described above



## How did you hear about this survey?



## Are you (the person completing the questionnaire):



## Your age (in years)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
1	57	57	0	57	57	0

## In years

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
0	-	-	-	-	-	-

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**In months (OR In months)**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
1	2	2	0	2	2	0

**In months (OR In weeks)**

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
0	-	-	-	-	-	-

**To which gender identity do you most identify?**



**Did the procedure work?**



**Did you have any side-effects following your procedure?**



**If yes, please provide further details along with information about whether symptoms later reoccurred.**

Tiredness, nausea and weight loss

**How long did it take you to recover from the procedure?**

Had procedure 2 months ago and still feel tired and nauseous. Weight lost has stabilised and I have started to regain weight.

**How did the procedure positively affect your condition and/or your quality of life?**

**Please consider things such as:**

- Your physical symptoms
- Your ability to perform daily activities
- Your quality of life, lifestyle and/or social life
- Your state of mind, emotional health and/or wellbeing
- The effect on family, friends and others

The procedure has stopped all but the occasional flush from the carcinoid syndrome. Before the procedure these were almost constant After nearly two months since the treatment the tiredness has started to subside and I have begun to enjoy normal activities and hobbies again. My family and I have also been able to take a holiday and enjoy a near normal social life again. My state of mind is improving as I get back to doing the everyday activities I love. Being unwell before the treatment was having a negative affect on my mental health as I hardly left the house. My families emotional health has also improved as they can see that I am slowly returning to my old self.

**How did the procedure negatively affect your condition and/or your quality of life?**

**Please consider things such as:**

- Your physical symptoms
- Your ability to perform daily activities
- Your quality of life, lifestyle and/or social life
- Your state of mind, emotional health and/or wellbeing
- The effect on family, friends and others

The worst part of the treatment was the extreme tiredness and nausea which lasted for about four to six weeks.

**Did you require anymore treatment, including procedures or surgery after this procedure?**

Yes (-)

No (1)  100%

**Would you recommend this procedure to another patient with your condition?**

Yes (1)  100%

No (-)

**If yes, what might you tell them?**

The side effects are worth the stabilising of my cancer