IP survey IP782\_2

# IP survey IP782\_2

This report was generated on 20/11/23. 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

100%

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

100%

#### How did you hear about this survey?

Your doctor/clinician (-)

A patient support group/charity (-)

NICE social media (1)

100%

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

100%	The patient (1)
	The patient's carer/parent/guardian (-)
	Other (-)

# Your age (in years)

			Sample Standard			
Count	Sum	Mean	Deviation	Minimum	Maximum	Range
1	54	54	0	54	54	0

#### In years

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

Snap snapsurveys.com

IP survey IP782\_2

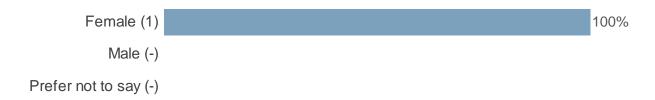
# In months (OR In months)

Sample Standard						
Count	Sum	Mean	Deviation	Minimum	Maximum	Range
1	9	9	0	9	9	0

# In months (OR In weeks)



# 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.

pain, swelling to the foot generally

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

6 weeks

Snap snapsurveys.com

IP survey IP782\_2 Page:3

IP survey IP782 2

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

my toe no longer throbs! I can wear a wider variety of footwear

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

nothing negative really, my foot is still slightly swollen compared to the other one 9 months on but it is not painful now

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



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



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

it is a painful procedure but it is worth it

Snap snapsurveys.com