

IP survey IP2009

This report was generated on 24/01/24. 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	77	77	0	77	77	0

How long ago did you have the procedure?

december 2023

In years

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

In months (OR In months)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
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?



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

about a day

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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

all fine - seeing family, go for walk when i can. Son really happy I've had it.

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

all fine - ok, at the moment

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?

it worked for me - wipes you out for a day, but that's about it.

If the procedure had an impact on any other areas of your life that are not covered by the questions above please tell us about them here.

I go i walking but can't go too far because of hip.