Emergency Laparotomy Patient Support Group Feedback Questionnaire

Please tell us who you are;

I am a Patient

 Relative/friend of a patient

My expectations of today were;

Please let us know what you thought today would be about;

As we develop this patient support group specifically for patients who have had emergency laparotomy surgery we would like to know what would you would like this patient support group to offer you and future patients. This might include something you would like to do as part of it;

Please tick all that apply;

|  |  |
| --- | --- |
| Meeting other Emergency Laparotomy patients and sharing experiences |  |
| Meeting and talking with Doctors and Nurses who look after emergency laparotomy patients |  |
| Listening to key note speakers talking about topics relevant to emergency surgery patients |  |
| Supporting other emergency surgical patients who are currently in hospital |  |
| Learning about how to access supporting services such as complementary services/counselling |  |
| Helping develop information sources for future patients (websites, chatrooms, leaflets) |  |

Please tell us about any other ideas that you have or comments that will help us improve and develop this group for patients;