

**Self-reported patient questionnaire of the current consent process in neurosurgery**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (M/F): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age in years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This is a completely anonymous questionnaire and is aimed to evaluate our service as a whole department. We are interested in your honest opinions, and there will be no linkage to either you or your surgeon with regards to the results.*

1. **What was your experience of the current consent process?**

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1. **Do you feel that your views were listened to and understood by the surgeon? Please explain.**

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1. **Do you feel that the surgeon got to know you as an individual person prior to surgery during the process of consent and explanation? Please explain.**

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1. **Do you feel that you were made to understand the impact that any potential complications may have had on you as an individual? Please explain.**

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1. **How could the current consent process be improved (continue overleaf if necessary)?**

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