

Tell us what you think!

We'd like to know how the Continuous Peripheral Nerve Block worked for you.

We hope you can take a few minutes to complete this survey.

This survey was completed by: patient parent or guardian
 Other (please tell us your relationship to the patient) _____

Please tell us how much you agree with the following statements, by checking (✓) the box that best describes how you feel:

	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
The fact sheet "Continuous Nerve Block at Home" was easy to read and understand.					
The nerve block fact sheet gave the right amount of information, so I would know what to expect.					
The video gave the right amount of information.					
The pump was easy to use and move.					
I received the right amount of information on how to use the pump.					
CHEO staff gave me the information needed to manage pain at home effectively.					
The telephone follow up was helpful.					
I would ask for this nerve block again if I had to have another procedure like this.					
This program (Peripheral Nerve Block) met my needs.					

Suggestions _____

Thank you!!