

LISTED BELOW ARE SOME PROBLEMS PEOPLE MIGHT HAVE AFTER AN OPERATION.

PLEASE READ THE LIST CAREFULLY AND PUT A TICK IN THE BOX UNDER YES FOR ANY PROBLEM THAT APPLIES TO YOU AT THE MOMENT.

TICK THE BOX UNDER NO FOR ANY PROBLEM THAT DOES NOT APPLY TO YOU.

PLEASE ANSWER EVERY QUESTION. IF YOU ARE NOT SURE WHETHER TO ANSWER YES OR NO, TICK WHICHEVER ANSWER YOU THINK IS THE CLOSEST.

	YES	NO
It hurts me when I try to sit up	<input type="checkbox"/>	<input type="checkbox"/>
I feel tired most of the time	<input type="checkbox"/>	<input type="checkbox"/>
I'm worried about my health	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
I feel quite weak	<input type="checkbox"/>	<input type="checkbox"/>
Time seems to pass very slowly	<input type="checkbox"/>	<input type="checkbox"/>
I just want to sleep most of the time	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
It hurts me when I try to stand up	<input type="checkbox"/>	<input type="checkbox"/>
I soon run out of energy	<input type="checkbox"/>	<input type="checkbox"/>
I'm feeling nervous	<input type="checkbox"/>	<input type="checkbox"/>