



# **THE W.I.S.P.**





LISTED BELOW ARE SOME PROBLEMS PEOPLE MIGHT HAVE IN THE FEW MONTHS 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
I have plenty of energy	<input type="checkbox"/>	<input type="checkbox"/>
I soon lose interest in things	<input type="checkbox"/>	<input type="checkbox"/>
It hurts when I sit too long	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
I often get depressed	<input type="checkbox"/>	<input type="checkbox"/>
I have to be careful what I eat	<input type="checkbox"/>	<input type="checkbox"/>
It hurts when I get out of bed	<input type="checkbox"/>	<input type="checkbox"/>
I have to sit down a lot	<input type="checkbox"/>	<input type="checkbox"/>