

When thinking about the time you have spent with us today, the preparation for the operation, the injection and the information given; what is your general impression? How satisfied are you with today's visit (mark your choice):

1. Not satisfied at all
2. Not very satisfied
3. Satisfied to some extent
4. Satisfied
5. Very satisfied

What can we do to make you more satisfied?

How confident did you feel during the treatment today? (mark your choice)

1. Not safe at all
2. Not very safe
3. Safe to some extent
4. Safe
5. Very safe

What can we do to make you feel more safe?

QUESTION ASKED AFTER THE LAST STUDY VISIT:

Who do you think have given you injections during the past year?

1. physicians
2. nurses
3. I am not sure