Venesection questionnaire

Are you a: Doctor Nurse Other please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you trained at venesecting? Yes No

Do you venesect? Yes No

How often do you venesect?

More than once a week [ ]

Twice a month [ ]

Once a month [ ]

>Once a month [ ]

Are you comfortable with gaining venous access? Yes No

Are you comfortable with the process of venesection, including pre & post venesection assessments? Yes No

Do you understand why we venesect and what bloods we need to check and why? Yes No

What problems (if any) do you face with venesection?

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How can we improve our venesection service?

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**Figures**