**Guidance to the Mesh Questionnaire**

For the avoidance of doubt, the questions below have the following meanings

* Treating Hospital Name: hospital where your mesh implant operation took place.
* Treating Consultant: surgeon who carried out the above.
* Treatment Date: date of your first mesh operation.
* Date Injury became apparent: date that you started to suffer injuries from your mesh implant operation. If known, please also let us know when it was confirmed that your injuries were most probably or actually caused by the mesh.
* Illness suffered prior to injury: the reason for your mesh implant operation e.g. SUI and/or POP/ other
* Type of MESH used (if possible): the brand (manufacturer), type, and product lot number.

If applicable, we would also kindly request the following information:

* If you have had more than one Mesh operation, please also tell us the name of the treating hospital, treatment date and treating consultant.
* If you had any other operation(s) at the same time as your Mesh operation, please also tell us the name of the treating hospital, treatment date and treating consultant.
* If you have had Mesh removal surgery (in part or in full), please also tell us the name of the treating hospital, treatment date, treating consultant and whether the treatment was privately paid for or provided by the NHS.

In addition, please could you let us know whether you have heard of the **Medicines and Healthcare Products Regulatory Agency (MHRA) yellow card scheme.** If so, we would kindly request the following information:

* Whether you have ever made any reports under that scheme.
* If so, the date(s) you made those report(s).
* To whom you reported.