

## About Your Recent Procedure...

Please fill in the circle that best describes your experience during your recent outpatient surgery or other procedure.

### BEFORE YOUR PROCEDURE...

1. **Once you knew you needed your procedure, how long did you wait for an appointment?**  
 Less than 1 week       Between 4 weeks and 3 months       Between 6 and 12 months  
 Between 1 and 4 weeks       Between 3 and 6 months       More than 12 months
2. **After you knew you needed your procedure, did you have to wait too long for your appointment?**  
 Yes, completely       Yes, somewhat       No
3. **Before your procedure, how did you get most of your information about what would happen before, during, and after the procedure?**  
 Visit to hospital pre-admission or pre-op clinic       Surgeon's office  
 Visit to other hospital location       Other  
 Telephone call from hospital staff, doctor, or nurse       Didn't get information before procedure  
 Family doctor
4. **Did a doctor, nurse, or other hospital staff member tell you everything you needed to know about how to prepare for your procedure?**  
 Yes, completely       Yes, somewhat       No
5. **Did a doctor, nurse, or other hospital staff member tell you everything you needed to know about how to care for yourself after your procedure?**  
 Yes, completely       Yes, somewhat       No
6. **Did a doctor, nurse, or other hospital staff member answer any questions you had about your procedure in a way you could understand?**  
 Yes, completely       Yes, somewhat       No       Didn't have questions
7. **Did you have any tests before your procedure?**  
 Yes       No (Go to #12)
8. **Did your doctor explain why you needed tests in a way you could understand?**  
 Yes, completely       Yes, somewhat       No
9. **Were you told everything you needed to know about how to prepare for your tests?**  
 Yes, completely       Yes, somewhat       No
10. **Did someone tell you when you would find out the results of your tests?**  
 Yes       No
11. **After the tests were done, did someone explain the results in a way you could understand?**  
 Yes, completely       No       Never received results  
 Yes, somewhat       Didn't need explanation

### THE DAY OF YOUR PROCEDURE...

12. **During your check-in, did you have to give the same information more than once?**  
 Yes       No       Not sure
13. **How would you rate the courtesy of the person who checked you in?**  
 Poor       Fair       Good       Very Good       Excellent
14. **Did a doctor, nurse, or other hospital staff member ask which medicines you were taking before your procedure?**  
 Yes, completely       Yes, somewhat       No



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15. Did a doctor, nurse, or other hospital staff member ask which supplements (vitamins or herbs) you were taking before your procedure?

- Yes, completely     Yes, somewhat     No

16. Did you wait too long for your procedure to start?

- Yes, completely     Yes, somewhat     No

17. If your procedure did not start on time, did someone give you a reason for the delay?

- Yes     No     Procedure started on time

18. Did you feel comfortable asking questions of hospital staff during your visit?

- Yes, completely     Yes, somewhat     No     Didn't have questions

19. Did you feel you had a doctor or nurse with a full understanding of your condition and treatment?

- Yes, completely     Yes, somewhat     No

20. Did hospital staff appear to be in too much of a hurry?

- Yes, often     Yes, sometimes     No

21. Did nurses ask your name, check your ID band, or otherwise confirm who you were before giving you medicines, treatments, or tests?

- Yes, always     Yes, sometimes     No

#### DOCTORS ON THE DAY OF YOUR PROCEDURE..

22. When you had important questions to ask a doctor, did you get answers you could understand?

- Yes, always     Yes, sometimes     No     Didn't have questions

23. If you had any anxieties or fears, did a doctor discuss them with you?

- Yes, completely     Yes, somewhat     No     Didn't have anxieties or fears

24. Did you have confidence and trust in the doctors treating you?

- Yes, always     Yes, sometimes     No

25. Did doctors talk in front of you as if you weren't there?

- Yes, always     Yes, sometimes     No

26. How would you rate the courtesy of your doctors?

- Poor     Fair     Good     Very Good     Excellent

27. How would you rate the availability of your doctors?

- Poor     Fair     Good     Very Good     Excellent

#### NURSES ON THE DAY OF YOUR PROCEDURE..

28. When you had important questions to ask a nurse, did you get answers you could understand?

- Yes, always     Yes, sometimes     No     Didn't have questions

29. If you had any anxieties or fears, did a nurse discuss them with you?

- Yes, completely     Yes, somewhat     No     Didn't have anxieties or fears

30. Did you have confidence and trust in the nurses treating you?

- Yes, always     Yes, sometimes     No

31. Did nurses talk in front of you as if you weren't there?

- Yes, always     Yes, sometimes     No

32. How would you rate the courtesy of your nurses?

- Poor     Fair     Good     Very Good     Excellent

33. How would you rate the availability of your nurses?

- Poor     Fair     Good     Very Good     Excellent



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**YOUR PROCEDURE...**

34. Did the doctor who did your procedure explain the risks and benefits of the procedure in a way you could understand?  
 Yes, completely     No     Explained to spouse or someone else  
 Yes, somewhat     Another doctor told me     Didn't want anything explained
35. Did a doctor, nurse, or other hospital staff member answer your questions about the procedure in a way you could understand?  
 Yes, completely     Yes, somewhat     No     Didn't have questions
36. Did a doctor, nurse, or other hospital staff member explain how he or she would make you go to sleep or control your pain during the procedure?  
 Yes, completely     Yes, somewhat     No     Did not need pain control
37. Did a doctor, nurse, or other hospital staff member tell you accurately how you would feel after the procedure?  
 Yes, completely     Yes, somewhat     No
38. Did you feel you had enough privacy during your visit?  
 Yes, completely     Yes, somewhat     No
39. Were the results at the end of your procedure explained in a way you could understand?  
 Yes, completely     Yes, somewhat     No     Explained to spouse or someone else
40. Did you have questions about your procedure that you wanted to discuss but did not?  
 Yes     No
41. Were you involved in decisions about your care as much as you wanted?  
 Yes, definitely     Yes, somewhat     No

**PAIN...**

42. If you had pain, was it usually severe, moderate, or mild?  
 Severe     Moderate     Mild     I had no pain (Go to #47)
43. Did you request pain medicine?  
 Yes     No (Go to #46)
44. How many minutes after you requested pain medicine did it take before you got it?  
 0 minutes/right away     6 - 10 minutes     16 - 30 minutes     Never got medicine  
 1 - 5 minutes     11 - 15 minutes     More than 30 minutes
45. Overall, how much pain medicine did you get?  
 Not enough     Right amount     Too much
46. Do you think the staff did everything they could to help control your pain?  
 Yes, definitely     Yes, somewhat     No

**AFTER YOUR PROCEDURE...**

47. If you needed help right away, did hospital staff respond as quickly as you thought they should?  
 Yes, always     Yes, sometimes     No     Didn't need help right away
48. When you needed help getting to the bathroom, did you get it in time?  
 Yes, always     Yes, sometimes     No     Did not need help
49. Did staff do everything they could to help control your feelings of nausea or upset stomach?  
 Yes, completely     Yes, somewhat     No     I had no nausea or upset stomach
50. Did someone explain when you would be allowed to go home?  
 Yes, completely     Yes, somewhat     No
51. Did someone explain the purpose of any new prescribed medicines in a way you could understand?  
 Yes, completely     No     No new medicines were prescribed  
 Yes, somewhat     I already knew



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**52. Did someone tell you about side effects the new medicines might have?**

- Yes, completely     No     No new medicines were prescribed  
 Yes, somewhat     I already knew

**53. Did someone tell you how to care for the area affected by your procedure?**

- Yes, completely     Yes, somewhat     No     I already knew

**54. Did someone tell you what danger signals about your illness or procedure to watch for after you went home?**

- Yes, completely     Yes, somewhat     No

**55. Did someone tell you when you could resume your usual activities, such as when to go back to work or drive a car?**

- Yes, completely     Yes, somewhat     No

**56. If you needed another visit with a doctor, did the staff provide you with follow-up instructions?**

- Yes     No     No other visit was needed

**57. Did you know who to call if you needed help or had more questions after you left?**

- Yes     No     Not sure

**YOUR OVERALL IMPRESSION..**

**58. How organized was the clinic or hospital where you had your procedure?**

- Not at all organized     Somewhat organized     Very organized     Not sure

**59. How would you rate the care you received during your procedure?**

- Poor     Fair     Good     Very Good     Excellent

**60. Would you recommend this clinic or hospital to your family and friends?**

- Yes, definitely     Yes, probably     No

**YOUR BACKGROUND...**

**61. In general, how would you rate your health?**

- Poor     Fair     Good     Very Good     Excellent

**62. During the past month, how many days did illness or injury keep you in bed all or part of the day?**

- None     Two Days     Four Days     Eight-to-Ten Days  
 One Day     Three Days     Five-to-Seven Days     More than Ten Days

**63. In the last 6 months, have you been a patient in a hospital overnight or longer?**

- No     Yes, only one time     Yes, more than one time

**64. Who completed this survey?**

- Patient     Someone else     Patient with the help of someone else

The hospital will review your comments, however you will not be contacted directly regarding any comments or concerns. Should you wish to speak with someone directly regarding your care experience, please contact Phyllis Brady at (519) 646-6100 ext. 64727.

**65. Is there anything else you would like to tell us about your experience?**

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*Thanks again for taking the time to complete this questionnaire! Your answers are greatly appreciated.*

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