

## 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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