

As per the Health Services (Health Service Establishments) Regulations 2013, amended 1 July 2018, we are required to conduct a Patient Experience Survey on a regular basis. Responses can remain anonymous.

Date _____ of _____ procedure: _____ Procedure:
Surgeon: _____

QUESTION		RESPONSE					
1	My views and concerns were listened to	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	<input type="radio"/> Didn't apply
2	My individual needs were met <i>[if answer always/mostly, skip to Q4]</i>	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	
3	When a need could not be met, staff explained why	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	
4	I felt cared for	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	
5	I was involved as much as I wanted in making decisions about my treatment and care	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	
6	I was kept informed as much as I wanted about my treatment and care	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	

7	As far as I could tell, the staff involved in my care communicated with each other about my treatment	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	<input type="radio"/> Didn't apply
8	I received pain relief that met my needs	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	<input type="radio"/> Didn't apply
9	When I was in the hospital, I felt confident in the safety of my treatment and care	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Mostly	<input type="radio"/> Rarely	<input type="radio"/> Never	
10	I experienced unexpected harm or distress as a result of my treatment or care <i>[if answer is no, skip to Q12]</i>	<input type="radio"/> Yes, physical harm	<input type="radio"/> Yes, emotional distress	<input type="radio"/> Yes, both	<input type="radio"/> No		
11	My harm or distress was discussed with me by staff	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure	<input type="radio"/> Didn't want to discuss it		
12	Overall, the quality of the treatment and care I received was:	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Very Poor	

Do you have other comments that would assist management with improving Patient Experience?

Would you like to discuss any of this with management? If yes, please provide name and preferred contact details.



Patient Experience Survey

Name: _____ Contact details: _____