

## Survey of Patient Satisfaction after Robotic Prostatectomy

*Please take a few minutes to complete this survey*

Your answers are voluntary and anonymous. They will help us understand patients' views about the care provided at this hospital so that we can improve the experience of our patients. We thank you for your participation; Your comments are important to us.

Your Age: \_\_\_\_\_

### Post-operative experience

*Reflecting on your experience, please tell us about the following aspects of your care: (Indicate your answer by ticking in the appropriate box)*

How satisfied are you with the following:	Extremely Dissatisfied	Very Unsatisfied	Satisfied	Very satisfied	Extremely satisfied
<u>Pre-surgery</u> explanation surrounding what to expect from surgery					
<u>Post-surgery</u> pain control					
<u>Post-surgery</u> assessments by physicians					
<u>Post-surgery</u> assessments by nursing staff					
Hospital facilities					

*Please note your experience surrounding the discharge instructions.*

How satisfied are you with the following:	Extremely Dissatisfied	Very Unsatisfied	Satisfied	Very satisfied	Extremely satisfied
Post-surgery discharge instructions by the <b>physician team</b>					
Post-surgery discharge instructions by the <b>nursing staff</b>					
Prescription instructions were clear					

**What was your level of anxiety surrounding being discharged home?**

(Please circle the appropriate number on the scale.)

*1 – None*

*5 – Reasonable amount*

*10 – Very anxious*

1	2	3	4	5	6	7	8	9	10
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(Please circle the appropriate number on the scale.)

*10 – Very good*

**Please check the corresponding boxes below if you have any of these concerns:**

- ☐ Instructions about personal care were not clear
- ☐ Instructions about medications were not clear
- ☐ Instructions about follow up were not clear
- ☐ I had insufficient time with my care team
- ☐ I felt rushed to leave hospital

Were you provided with a plan for your foley catheter (bladder tube)?: ☐ Yes ☐ No ☐ Uncertain

Were you provided with a plan for your wound dressings?: ☐ Yes ☐ No ☐ Uncertain

Please rate your opinion on the usefulness of the post-operative video shown to you (Please circle the appropriate number on the scale)

*10 – Very useful*

Would you like to see more multimedia (video) educational tools used to help explain your care plans?

- ☐ Yes      ☐ No      ☐ Uncertain

[illegible]