

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 physician team					
Post-surgery discharge instructions by the nursing staff					
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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Overall, how would you rate your experience after surgery?

(Please circle the appropriate number on the scale.)

1 – Poor

5 – Reasonably good

10 – Very good

1	2	3	4	5	6	7	8	9	10
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Please check the corresponding boxes below if you have any of these concerns:

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

Discharge Questions :

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

If you were shown a post-operative teaching video, please answer the following questions. If you were not shown a video please do not answer the next two questions.

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

1 – Not useful

5 – A bit useful

10 – Very useful

1	2	3	4	5	6	7	8	9	10
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Would you like to see more multimedia (video) educational tools used to help explain your care plans?

- Yes
- No
- Uncertain

Comments: