Witherspoon L, et al. Use of video education in postoperative patient counselling: A quality improvement initiative **APPENDIX**

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 | Extremely | Very | Satisfied | Very | Extremely |
|--|--------------|-------------|-----------|-----------|-----------|
| following: | Dissatisfied | Unsatisfied | | satisfied | satisfied |
| Pre-surgery explanation | | | | | |
| surrounding what to expect from surgery | | | | | |
| Post-surgery pain control | | | | | |
| Post-surgery assessments by physicians | | | | | |
| Post-surgery 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 – Rease | onable am | ount | | 10 – Very anxious | | | |
|---|--------|---|---|-----------|-----------|------|---|-------------------|---|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

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 | |
| Please ch | eck the c | orrespon | ding boxe | es below i | if you ha | ve any of | these con | ncerns: | | |
| □ Instruc | ctions abo | ut persona | al care we | re not cle | ear | □ I had i | insufficie | nt time w | vith my care | e team |
| □ Instruc | ctions abo | ut medica | tions wer | e not clea | r | 🗆 I felt r | ushed to l | leave hos | pital | |
| □ Instruc | ctions abo | ut follow | up were r | ot clear | | | | | | |
| Discharg Were you | | | an for you | ur foley ca | atheter (b | ladder tub | e)?:□ Y | es 🗆 | No 🗆 U | ncertain |
| Were you | provided | with a pla | an for you | r wound | dressings | s?:□Yes | 🗆 No | UI UI | ncertain | |
| If you we not shown | | | | 0 | · • | | the follo | wing qu | estions. If y | ou wei |
| Dlagsa rat | a vour on | inion on t | a usafulr | ass of the | a nost on | arativa vic | leo show | to you (| Dlanca circ | la tha |

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 |

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

□ Yes □ No □ Uncertain

Comments:

