

## Appendix 1.1A Anaesthesia and the perioperative period patient experience survey summary form

This form is designed to be used by the facilitator acting for the CPD participant undertaking the collation of all patient experience survey feedback responses. The facilitator collates the feedback of the individual forms on to this summary sheet and provides this de-identified feedback to the anaesthetist.

As the facilitator, you should confidentially destroy the responses after you have collated this summary document and then provide the document to the CPD participant.

**Facilitator:** \_\_\_\_\_

**Date of form completion:** \_\_\_\_\_

**Name of anaesthetist:** \_\_\_\_\_

**Your role:** \_\_\_\_\_

*For the questions below, please answer yes or no and where indicated choose a rating from 1 to 5, where:*



1 is poor



5 is excellent

Please tell us your Gender: M <input type="checkbox"/> F <input type="checkbox"/>							
Age	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75 or older
1. Did you have pain before surgery?							Yes / No
2. Was your anaesthetist involved in managing your pain before surgery?							Yes / No
If yes, how well do you think we managed your pain?					1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Comments:					4 <input type="checkbox"/>	5 <input type="checkbox"/>	
3. Did you feel like you had time to ask your anaesthetist questions before your surgery?							Yes / No
Comments:							
4. Did you understand the information about your anaesthetic that was given to you before your surgery?							Yes / No
Comments:							

<p><b>5. How useful did you find the information?</b></p> <p>Comments:</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p><b>6. Did you feel like your anaesthetist listened to you?</b></p> <p>Comments:</p>	<p>Yes / No</p>
<p><b>7. Did you feel rushed?</b></p> <p>Comments:</p>	<p>Yes / No</p>
<p><b>8. Did you feel scared or anxious before your surgery?</b></p>	<p>Yes / No</p>
<p><b>9. If yes, how well did your anesthetist manage your fear and anxiety?</b></p> <p>Comments:</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p><b>10. Did your anesthetist explain to you how you might feel after the surgery?</b></p> <p>Comments:</p>	<p>Yes / No</p>
<p><b>11. Did you feel nauseated and/or vomit immediately after the surgery?</b></p>	<p>Yes / No</p>
<p><b>If yes, how well was it treated?</b></p> <p>Comments:</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
<p><b>12. Were you in pain after the operation?</b></p> <p><b>If yes, how effective was your pain treatment?</b></p> <p>Comments:</p>	<p>Yes / No</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>

**13. Were you in pain after the operation?** Yes / No

**14. Were you cold or shivering after the surgery?** Yes / No

**If yes, how well was it managed?** 1  2  3  4  5

**Comments:**

**15. If you had a positive experience, please tell us about it.**

**16. Do you have any suggestions about how your care could have been improved?**