

Outpatient Hysteroscopy - Patient Satisfaction Survey



We would appreciate your comments on the service you received today to help improve our services. This data will also be used to compare our service with the results of others around the country; all data that is recorded by us or nationally is anonymous and untraceable. The answers you provide will be anonymous, completely confidential and your participation is voluntary. If you have any questions about this survey please ask a member of staff.

Thank you for your help

Before your consultation					
Did you receive any written information (e.g. a leaflet or instructions about where to acquire information e.g. on-line) prior to your appointment?			Yes <input type="radio"/>	No <input type="radio"/>	
Did you feel that the information was clear and understandable? (leave blank if you answered "No" to the question above)	Yes – I knew what to expect <input type="radio"/>	Yes- to some extent <input type="radio"/>	Not too sure <input type="radio"/>	No- wish I knew what to expect <input type="radio"/>	No- it was not useful <input type="radio"/>
Did you receive advice to take painkillers before the appointment?	Yes – took some <input type="radio"/>	Yes – did not take any <input type="radio"/>	No- wish I had <input type="radio"/>	No – no need <input type="radio"/>	
What did you think of the waiting area, reception and facilities?	Excellent <input type="radio"/>	Very Good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>

About your consultation today					
Staff explained things in a way I could easily understand.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
I felt able to ask questions and to Discuss any worries	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
I was offered an opportunity to discuss pain relief.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
My questions were answered to my satisfaction.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
I felt involved in the decisions regarding my care.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
I was treated with respect and dignity.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
I was given enough privacy.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
All aspects of my care were dealt with confidentially.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
The staff were courteous and polite.	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
I was given advice regarding my recovery and management plan	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>

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Your experience (considering your expectations of today's consultation)					
Did you feel distressed?	Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Mostly <input type="radio"/>	Constantly <input type="radio"/>
Did you feel pain?	Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Mostly <input type="radio"/>	Constantly <input type="radio"/>
Did you feel in control?	Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Mostly <input type="radio"/>	Constantly <input type="radio"/>
Did you feel embarrassed?	Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Mostly <input type="radio"/>	Constantly <input type="radio"/>
Did you feel anxious?	Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Mostly <input type="radio"/>	Constantly <input type="radio"/>
Did you feel faint?	Not at all <input type="radio"/>	Slightly <input type="radio"/>	Somewhat <input type="radio"/>	Mostly <input type="radio"/>	Constantly <input type="radio"/>

Your overall experience					
Overall, how was your experience of our service?	Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>	Very Poor <input type="radio"/>
I would choose this way of having the procedure if I were in the same situation again?	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Neither Agree or Disagree <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>

Please indicate (✓) what would be the worst level of discomfort or pain you might experience (or used to experience) during a period on the same scale of 0-10:

0	1	2	3	4	5	6	7	8	9	10
No Pain			Moderate pain					Worst pain		

Please indicate (✓) what level of discomfort or pain you experienced during the procedure on a scale of 0-10:

0	1	2	3	4	5	6	7	8	9	10
No Pain			Moderate pain					Worst pain		

Please indicate (✓) How would you rate the care you received? On the same 0-10 scale:

0	1	2	3	4	5	6	7	8	9	10
Bad			Neither good nor bad					Excellent		

Any further comments on your experience or suggestions for improvement?

Staff use only: (Please tick all that apply)

Diagnostic Hysteroscopy+/- biopsy	<input type="checkbox"/>	Myomectomy	<input type="checkbox"/>
Hysteroscopic biopsy	<input type="checkbox"/>	Endometrial Ablation	<input type="checkbox"/>
Hysteroscopic polypectomy	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>
Insertion/Retrieval of IUCD/Mirena IUS	<input type="checkbox"/>	Staff code	_____