

# Patient Experience Survey

- ❖ Please choose one answer that best describes your experience, by checking on the circle next to the answer choice.
- ❖ Once you've completed survey, please return it using the postage-paid return envelope by { Month } { Day }, { Year }.

## Section 1: During the Hospital Stay

Approximately { months } ago you visited { hospital } and started on a care pathway called { ifm\_program }. This survey will ask you questions about the care received during this visit, as well as after you returned home. To start, please answer the following questions about the health care you received during your visit to { hospital } approximately { months } ago.

|   | Never                 | Sometimes             | Usually               | Always                | Don't Know, Don't Remember, Not Applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 1. During this hospital stay, do you feel that there was good communication about your care between doctors, nurses and other hospital staff? | <input type="radio"/>                      |
| 2. During this hospital stay, how often were tests and procedures done when you were told they would be done?                                 | <input type="radio"/>                      |
| 3. During this hospital stay, did you get all the information you needed about your condition and treatment?                                  | <input type="radio"/>                      |
| 4. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?                     | <input type="radio"/>                      |

## Section 2: Before Leaving the Hospital

Still thinking about your visit to { hospital } approximately { months } ago, we will now ask you a few questions about how well prepared you were for leaving the hospital and returning home.

|   | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     | Don't Know, Don't Remember, Not Applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 5. The hospital staff took your preferences and those of your family or caregiver into account in deciding what your health care needs would be when you left hospital? | <input type="radio"/>                      |
| 6. When you left the hospital, you had a good understanding of the things you were responsible for in managing your health?   | <input type="radio"/>                      |

|  | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <p><b>7. When you left the hospital, you clearly understood the purpose for taking each of your medications?</b></p> <p>If you left the hospital with a prescription for a medication rather than an actual medication, please answer the question based on your understanding of the purpose for taking the prescription.</p> | <input type="radio"/>                      |
| <p><b>8. Before you left the hospital, did members of your health care team agree about your health goals and how these would be reached?</b></p>  | <input type="radio"/>                      |

|   | Not at all            | Partly                | Quite a bit           | Completely            | Don't Know, Don't Remember, Not Applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <p><b>9. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?</b></p> | <input type="radio"/>                      |

|  | Yes                   | No                    | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|--|
| <p><b>10. Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?</b></p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |
| <p><b>11. When you left the hospital, did you know who to contact if you had a question about your condition or treatment?</b></p>                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |

|  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <p><b>12. Using any number from 1 to 10, where 1 is a very poor experience and 10 is a very good experience, what number would you use to rate your care experience during this hospital stay?</b></p> | <input type="radio"/>                      |

### Section 3: Back in the Community

Now, we will ask you a few questions about your experience after leaving { hospital } approximately { months } ago up until now, or up until you completed the { ifm\_program } care pathway.

|   | Yes                   | No                    | Don't Know, Don't Remember, Not Applicable |
|---|-----------------------|-----------------------|--|
| 13. After you left the hospital, did the doctors or staff at the place where you usually get medical care seem informed and up-to-date about the care you received in the hospital?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |
| 14. After you left the hospital, did the health care team in the community seem informed and up-to-date about the care you received in the hospital?<br>The health care team in the community refers to the health care providers you saw after being discharged from { hospital }. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |

|  | Never                 | Sometimes             | Usually               | Always                | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 15. Were there times when persons from your hospital and those in the community told you different things that didn't make sense together about your health?                                 | <input type="radio"/>                      |
| 16. Since you've been back in the community, were there times when the person you were consulting did not know about changes in your treatment that another person recommended?              | <input type="radio"/>                      |
| 17. Since you've been back in the community, were there times during or between health care visits when you felt abandoned by the health care system or left too much to your own resources? | <input type="radio"/>                      |
| 18. Since you've been back in the community, how often were you confused about the roles of different service providers?   | <input type="radio"/>                      |
| 19. Since you've been back in the community, how often did you get the services you thought you needed?  | <input type="radio"/>                      |

|  | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 20. Since you've been back in the community, were members of your health care team available when you needed them?                           | <input type="radio"/>                      |
| 21. Since you've been back in the community, were your health care appointments and visits arranged in a manner that was convenient for you? | <input type="radio"/>                      |

|  | Yes, definitely       | Yes, to some extent   | No, not really        | No, not at all        | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 22. Did the { ifm_program } program help you feel that your everyday activities such as diet and lifestyle make a difference in your health? | <input type="radio"/>                      |
| 23. Did the { ifm_program } program help you feel that you could prevent some health problems?   | <input type="radio"/>                      |
| 24. Did the { ifm_program } program give you a sense of control over your health?  | <input type="radio"/>                      |
| 25. Did the { ifm_program } program help you feel that sticking with your treatment would make a difference?                                 | <input type="radio"/>                      |
| 26. Did the { ifm_program } program help you feel confident about your ability to take care of your health?                                  | <input type="radio"/>                      |

|   | Yes                   | No                    | Don't Know, Don't Remember, Not Applicable |
|---|-----------------------|-----------------------|--|
| 27. Thinking about all the persons you saw in all the different places you went for your care, is there one person who ensures the follow-up of your health care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      |

|   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | Don't Know,<br>Don't<br>Remember,<br>Not Applicable |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 28. Using any number from 1 to 10, where 1 is a very poor experience and 10 is a very good experience, what number would you use to rate your care experience at home or in the community since leaving the hospital? | <input type="radio"/>                               |

#### Section 4: Patient Reported Outcome Measures

Next, we'd like to find out what you think about your health. Each question has a choice of five answers. Please choose an answer that best describes your own health state today.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 29. Mobility   | <input type="radio"/><br>I have no problems in walking about           | <input type="radio"/><br>I have slight problems in walking about           | <input type="radio"/><br>I have moderate problems in walking about           | <input type="radio"/><br>I have severe problems in walking about           | <input type="radio"/><br>I am unable to walk about             |
| 30. Self-Care  | <input type="radio"/><br>I have no problems washing or dressing myself | <input type="radio"/><br>I have slight problems washing or dressing myself | <input type="radio"/><br>I have moderate problems washing or dressing myself | <input type="radio"/><br>I have severe problems washing or dressing myself | <input type="radio"/><br>I am unable to wash or dress myself   |
| 31. Usual Activities (e.g. work, study, housework, family or leisure activities) | <input type="radio"/><br>I have no problems doing my usual activities  | <input type="radio"/><br>I have slight problems doing my usual activities  | <input type="radio"/><br>I have moderate problems doing my usual activities  | <input type="radio"/><br>I have severe problems doing my usual activities  | <input type="radio"/><br>I am unable to do my usual activities |
| 32. Pain / Discomfort  | <input type="radio"/><br>I have no pain or discomfort                  | <input type="radio"/><br>I have slight pain or discomfort                  | <input type="radio"/><br>I have moderate pain or discomfort                  | <input type="radio"/><br>I have severe pain or discomfort                  | <input type="radio"/><br>I have extreme pain or discomfort     |
| 33. Anxiety / Depression   | <input type="radio"/><br>I am not anxious or depressed                 | <input type="radio"/><br>I am slightly anxious or depressed                | <input type="radio"/><br>I am moderately anxious or depressed                | <input type="radio"/><br>I am severely anxious or depressed                | <input type="radio"/><br>I am extremely anxious or depressed   |

|   | Poor                  | Fair                  | Good                  | Very Good             | Excellent             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 34. In general, how would you rate your overall physical health?            | <input type="radio"/> |
| 35. In general, how would you rate your overall mental or emotional health? | <input type="radio"/> |

## Section 5: Out of Pocket Costs: Informal and Indirect Care

Now, we are going to ask you a few questions about any expenses you may have had in association with your health care.

| Thinking about the 1 month after you left hospital, about how much of your own money, not including amounts reimbursed by insurance, did you spend on: | \$0                   | \$1-199               | \$200-500             | More than \$500 (Please specify amount) | Don't Know, Don't Remember, Not Applicable |
|--|-----------------------|-----------------------|-----------------------|---|--|
| 36. Medicines recommended or prescribed by a health professional?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> \$_____           | <input type="radio"/>                      |
| 37. Laboratory tests recommended or prescribed by a health professional?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> \$_____           | <input type="radio"/>                      |
| 38. Mental health services, such as counselling, psychotherapy?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> \$_____           | <input type="radio"/>                      |
| 39. Physical health services, such as physiotherapy, chiropractor, and deep tissue massage?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> \$_____           | <input type="radio"/>                      |
| 40. Other services resulting from your health issues, such as transportation and parking, renovations, equipment and devices?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> \$_____           | <input type="radio"/>                      |

41. During the { months } after you left hospital, how many days have you had to miss work because of your health conditions?

\_\_\_\_\_ days     Not Applicable. Please Specify: \_\_\_\_\_ (e.g. Retired, Housewife, Unemployed)

0 days     1-5 days     6-10 days     11-30 days     More than 30 days     Don't Know/Don't Remember

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42. During the { months } after you left hospital, how many days have you been unable to participate in usual activities other than work because of your health conditions?

\_\_\_\_\_ days

0 days     1-5 days     6-10 days     11-30 days     More than 30 days     Don't Know/Don't Remember/Not Applicable

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43. During the { months } after you left hospital, how many hours have others, such as family and friends, spent helping you manage with your health conditions, including time spent helping you at home and time spent travelling to medical appointments?

\_\_\_\_\_ hours

0 hours     1-10 hours     11-20 hours     21-40 hours     More than 40 hours     Don't Know/Don't Remember/Not Applicable

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44. Do you have difficulty paying the bills at the end of the month?

No     Sometimes     Yes     Don't Know/Don't Remember/Prefer Not to Answer

## Section 6: Background Information

45. To understand how your health care experience may be related to other health outcomes, the researchers would like to link your survey results with other health information. To do so, your health card number will be sent to the Institute for Clinical Evaluative Sciences (ICES). This is a special authorized agency that holds records on health services received by Ontario residents. Your privacy is entirely protected. Once the linkage is made, the numbers are changed so that the researchers do not have health card numbers in the data that is analyzed. Only summary results will be used in any reports or publications resulting from this study. By providing your health card number and birth date you are providing consent for linkage of your survey with health information at ICES. You do not have to provide this information if you do not want to.

OHIP #

\_\_\_\_\_

Version Code (if Health Card has one, this may be 1 or 2 letters)

\_\_

Birth Date (YYYY/MM/DD)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

46. What is your age?

\_\_\_\_\_ years

- Under 18 years    18 years to 44 years    45 years to 64 years    65 years to 74 years    75 years and over  
 Don't Know/Don't Remember/Prefer Not to Answer

47. What is your gender?

- Male    Female    Prefer to self-identify \_\_\_\_\_  
 Don't Know/Don't Remember/Prefer Not to Answer

48. How would you describe your racial or ethnic group?

- |  |  |
|--|--|
| <input type="radio"/> East Asian (eg. Chinese, Japanese, Korean)             | <input type="radio"/> Latin American (eg. Argentinean, Chilean, Salvadoran)      |
| <input type="radio"/> South Asian (e.g. Indian, Pakistani, Sri Lankan)       | <input type="radio"/> Metis  |
| <input type="radio"/> South-East Asian (eg. Malaysian, Filipino, Vietnamese) | <input type="radio"/> Middle Eastern (eg. Egyptian, Iranian, Lebanese)           |
| <input type="radio"/> African (eg. Ghanaian, Kenyan, Somali)                 | <input type="radio"/> European (eg. English, Italian, Portuguese, Russian)       |
| <input type="radio"/> Caribbean Black (eg. Barbadian, Jamaican)              | <input type="radio"/> North American White (eg. Canadian, American)              |
| <input type="radio"/> North American Black (eg. Canadian, American)          | <input type="radio"/> Mixed heritage (eg. Black-African & White-North American). |
| <input type="radio"/> First Nations  | Please specify: _____  |
| <input type="radio"/> Caribbean Indian (e.g. Guyanese with origins in India) | <input type="radio"/> If others, please specify: _____                           |
| <input type="radio"/> Indigenous/Aboriginal                                  | <input type="radio"/> Don't Know/Don't Remember/Prefer Not to Answer             |
| <input type="radio"/> Inuit  |  |

49. This survey was completed ...

- By patient, without any help  
 By patient, with help ... Type of help: \_\_\_\_\_  
 By another person ... Relationship to patient: \_\_\_\_\_

50. Would you like to share any comments or thoughts about the program? Please note that your comments will be shared with the program and will not refer to you.

