

# Ontario Day Surgery Experience Survey

- ◆ You should fill out this questionnaire only if you were the patient named in the survey invitation. You may need to get help from a family member or friend to answer the questions. That's okay.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ Your response to this survey is voluntary but will provide us with important information.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

Yes

No → **Go to question 1**

Placeholder for jurisdiction comments.

**Please answer the questions about your recent visit to [Clinic Name]. Do not include any other hospital visits in your answers.**

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### BEFORE YOUR PROCEDURE

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**1. Was this your first visit as a patient to the <day surgery clinic name>?**

- Yes
- No

**2. Before your procedure, did a health professional explain what would happen to you, in a way you could understand?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember
- I did not want an explanation

**3. Before your procedure, did your doctor or anyone from the hospital give you easy to understand instructions about getting ready for your procedure?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember

**4. Before your procedure, did a health professional explain any risks and/or benefits in a way you could understand?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember
- I did not want an explanation

**5. Before your procedure, did you know who to contact if your symptoms or condition got worse?**

- Yes
- No

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### WAITING FOR YOUR PROCEDURE

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**Answer questions 6 and 7 by still thinking about your most recent procedure.**

**6. If your procedure did not start on time, how many minutes did you have to wait in the waiting room?**

- I was seen on time, or early
- I waited up to 15 minutes
- I waited up to 60 minutes
- I waited more than 60 minutes
- Don't know / Can't remember

7. If you had to wait, were you told why?

- Yes
- No, but I would have liked a reason
- No, but I did not mind
- Don't know / Can't remember
- I did not have to wait

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**DAY SURGERY ENVIRONMENT**

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8. In your opinion, how clean was the day surgery area?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Can't say

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**SEEING A SURGEON**

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9. Before your procedure, either on the day of your surgery or in a pre-operation appointment, did you have enough time to talk about your health or medical problem with the surgeon?

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember

10. Before your procedure, did the surgeon seem to know your medical history?

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember

11. Before your procedure, did the surgeon listen carefully to what you had to say?

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember

12. Before your procedure, if you had questions to ask the surgeon, did you get answers that you could understand?

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need to ask
- I did not have an opportunity to ask

**13. Did you have confidence and trust in the surgeon examining and treating you?**

- Definitely
- For the most part
- Somewhat
- Not at all

**14. If you had any worries or fears about your condition or treatment, did a surgeon talk with you about them?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not have worries or fears

**15. Were you given something so you would not feel pain during your procedure?**

- Yes → Go to question 16
- No → Go to question 20

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**SEEING AN ANESTHESIOLOGIST**

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**16. Did you meet with an anesthesiologist?**

- Yes → Go to question 17
- No → Go to question 20
- Don't know / Can't remember → Go to question 20

**17. Did the anesthesiologist seem to know your medical history?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember

**18. If you had questions to ask the anesthesiologist, did you get answers that you could understand?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need to ask
- I did not have an opportunity to ask

**19. Did you have confidence and trust in the anesthesiologist you saw on the day of your surgery?**

- Definitely
- For the most part
- Somewhat
- Not at all

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## OVERALL ABOUT YOUR PROCEDURE

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**20. Did the health professionals treating and examining you introduce themselves?**

- Yes, all of the staff introduced themselves
- Some of the staff introduced themselves
- Very few or none of the staff introduced themselves
- Don't know / Can't remember

**21. How much information about your condition or procedure was given to your family, caregiver or someone close to you?**

- Not enough
- Right amount
- Too much
- No family, caregiver or friends were involved
- They did not want or need information
- I did not want them to have any information
- Don't know / Can't say

**22. Were you given enough privacy when discussing your condition or procedure?**

- Definitely
- For the most part
- Somewhat
- Not at all (*please tell us more in the open text box at the end of this survey*)

**23. Sometimes during an appointment, a health professional may say one thing and another may say something quite different. How often, during your most recent day surgery experience, did this happen to you?**

- Never
- Sometimes
- Usually
- Always

**24. How often, during your most recent day surgery experience, were you involved as much as you wanted to be in decisions about your care and treatment?**

- Always
- Usually
- Sometimes
- Never

**25. Do you think the staff did everything they could to help control your pain?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember
- I did not have any pain

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**LEAVING THE HOSPITAL**

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**Medications (such as pills, tablets, ointments)**

**26. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your visit to the hospital?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Not applicable → Go to question 30

**27. Did a health professional explain to you how to take your medications?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need an explanation

**28. Did a health professional explain why you need to take the medications?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need an explanation

**29. Did a health professional tell you about medication side effects to watch for?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need this type of information

**30. Do you think the staff did everything they could to prepare you to manage your pain after you left the hospital?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't say
- I did not need this type of information

**31. Before you left the hospital, were you told what would happen next (for example, did you need another appointment, did you need to see your family doctor)?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't remember

**32. Did you receive information about what symptoms or health problems regarding your illness or procedure to watch for at home?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need this type of information

**33. Did you receive enough information from health professionals about what to do if you were worried about your condition or treatment after you left the hospital?**

- Definitely
- For the most part
- Somewhat
- Not at all

**34. Did doctors, nurses, or other health professionals talk to you about whether you would have the help you needed at home after you left the hospital?**

- Definitely
- For the most part
- Somewhat
- Not at all
- I did not need this type of information

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### OVERALL IMPRESSION

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**35. Was the main reason you went to the hospital dealt with to your satisfaction?**

- Definitely
- For the most part
- Somewhat
- Not at all

**36. Overall, did you feel you were treated with respect and dignity while you were at the hospital?**

- Definitely
- For the most part
- Somewhat
- Not at all

**37. Overall . . . (Please circle a number)**

I had a very  
poor experience

I had a very good  
experience



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**CARE TRANSITIONS**

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**We know your experience as a patient begins before you arrive at the hospital and continues after you leave to go home. These next few questions ask about your experience transitioning into and out of the hospital.**

**38. Thinking about all the health professionals you saw related to this procedure (including those you saw before and after the procedure), did you feel your care was well coordinated?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't say
- Not applicable

**39. Thinking about those same health professionals, did you feel like they worked well together towards the same treatment goal?**

- Definitely
- For the most part
- Somewhat
- Not at all
- Don't know / Can't say
- Not applicable

**40. Thinking about your overall experience related to this day surgery, to what extent did you experience smooth transitions between the hospital and other locations or health professionals?**

- Always
- Usually
- Sometimes
- Never
- Not applicable



## ABOUT YOU

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**41. In general, how would you rate your overall physical health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**42. In general, how would you rate your overall mental or emotional health?**

- Excellent
- Very good
- Good
- Fair
- Poor

***The following questions will help us to better understand the experiences of the communities that we serve.***

**43. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school or high school equivalency certificate
- College, CEGEP or other non-university certificate or diploma
- Undergraduate degree or some university
- Post-graduate degree or professional designation

**44. What is your gender identity?**

- Male
- Female
- Prefer to self-identify: \_\_\_\_\_

### **OPTIONAL ALTERNATIVE:**

*Note: As an alternative to the above gender question, hospitals may optionally choose to use this version of the question that lists additional gender identities.*

**44\_Alt. What is your gender identity?**

- Male
- Female
- Intersex
- Trans
- Two-Spirit
- Prefer to self-identify: \_\_\_\_\_

**45. What is your year of birth?**

\_\_\_\_\_ (write in year)

**46. People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself to be . . .**

**(Check all that apply)**

- First Nation
- Inuit
- Métis
- Indigenous/Aboriginal (not included above)
- Arab
- Black (for example, North American, Caribbean, African, etc.)
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (for example, East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (for example, Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- West Asian (for example, Iranian, Afghan, etc.)
- White (for example, North American, European, etc.)
- Other (please specify)

\_\_\_\_\_

**ADDITIONAL STANDARDIZED OPTIONAL QUESTIONS:**

*Questions DEM1 to DEM5 are additional optional demographic questions. Hospitals using the Government of Ontario Vendor of Record (VOR)-enabled patient experience measurement solution may choose to include some or all of these questions in their surveys.*

**DEM1. What is your sexual orientation?**

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Queer
- Two-Spirit
- Other (please specify) \_\_\_\_\_

*Note: Hospitals that would like the option to identify Francophones among their patient population should note that questions DEM2 and DEM3 were designed to be asked together.*

**DEM2. What is your mother tongue?**

- English
- French
- Other

**DEM3. If your mother tongue is neither English nor French, in which of Canada's official languages are you most comfortable?**

- English only
- French only
- English and French

*Note: Hospitals should note that questions DEM4 and DEM5 pertaining to patient language were designed to be asked together.*

**DEM4. In what language are you most comfortable receiving healthcare services? (Check one only.)**

- English
- French
- Algonquian (e.g., Ojibway, Oji-Cree)
- Iroquoian (e.g., Mohawk)
- Punjabi
- Chinese (not otherwise specified)
- Cantonese
- Mandarin
- Spanish
- Italian
- German
- Tagalog
- Arabic
- Portuguese
- Polish
- Urdu
- Tamil
- American Sign Language
- Other (please specify) \_\_\_\_\_

**DEM5. Did you have access to someone who could explain what you needed to know about your care in a language in which you are comfortable?**

- Yes, a health care provider spoke directly to me in a language in which I am comfortable
- Yes, an interpreter (in-person or over the phone) translated health care information to me in a language in which I am comfortable
- Yes, a person close to me (e.g. family member, friend) translated health care information to me in a language in which I am comfortable
- No
- I do not know

**47. Is there anything else you would like to share about your visit to the <day surgery clinic name>?**

*(Please do not include any names, contact information, or identifying information.)*