



ANZCA and FPM CPD Program

Patient experience survey (anaesthesia) – summary form

The administrator uses this form to summarise and de-identify the patient experience survey responses from individual patients.

Provide the only copy of this completed form to the anaesthetist and feedback provider (if relevant) and delete this file from your records.

Please confidentially destroy the individual response forms after you have collated them into this summary; do not provide them to the anaesthetist.

Administrator's name: _____

Administrator's role and place of work: _____

Date of form completion: _____

Anaesthetist's name: _____

Number of completed survey forms: _____

For the questions below, record the number of patient responses in the allocated boxes ,
for the answers 'yes or no' and 'rating from 1 to 5', where:

 
1 is poor 5 is excellent

Summary of patient genders							
Age	18-24	25-34	35-44	45-54	55-64	65-74	75 or older
Responses							
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	2	3	4	5
Responses							
Comments							

3. Did you feel like you had time to ask your anaesthetist questions before your surgery?	Yes		No		
If yes, how well were those questions answered?	1	2	3	4	5
Responses					
Comments					
4. Did you understand the information about your anaesthetic that was given to you before your surgery?	Yes		No		
If yes, how useful did you find the information?	1	2	3	4	5
Responses					
Comments					
5. Did you feel like your anaesthetist listened to you?	Yes		No		
Comments					
6. Did you feel rushed?	Yes		No		
Comments					

7. Did you feel scared or anxious before your surgery?	Yes		No		
If yes, how well did your anaesthetist manage your fear and anxiety?	1	2	3	4	5
Responses					
Comments					
8. Did your anaesthetist explain to you how you might feel after the surgery?	Yes		No		
Comments					
9. Did you feel nauseated and/or vomit immediately after the surgery?	Yes		No		
If yes, how well was it treated?	1	2	3	4	5
Responses					
Comments					
10. Were you in pain after the operation?	Yes		No		
If yes, how effective was your pain treatment?	1	2	3	4	5
Responses					
Comments					
11. Were you cold or shivering after the surgery?	Yes		No		

If yes, how well was it managed?	1	2	3	4	5
Responses					
Comments					
<p>12. If you had a positive experience, please tell us about it.</p> <p>Comments</p>					
<p>13. If you had a negative experience, please tell us about it.</p> <p>Comments</p>					
<p>14. Do you have any suggestions about how your care could have been improved?</p> <p>Comments</p>					