



ANZCA and FPM CPD Program

Paediatric patient/parent satisfaction survey (anaesthesia) – summary form

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

Provide the only copy of this completed form to the anaesthetist 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 children's genders							
Summary of children's age	0-2	2-4	4-6	6-8	8-10	10-12	12 or older
Responses							
1. Communication between anaesthetist and parents							
The anaesthetist listened carefully to you as the parent.	1	2	3	4	5	N/A	
Responses							
The anaesthetist explained things to you in a way that was easy to understand.	1	2	3	4	5	N/A	
Responses							
The anaesthetist treated you with courtesy and respect.	1	2	3	4	5	N/A	
Responses							

Responses						
2. Communication between anaesthetist and child						
The anaesthetist listened carefully to your child.	1	2	3	4	5	N/A
Responses						
The anaesthetist talked and acted in a way that was appropriate for your child's age.	1	2	3	4	5	N/A
Responses						
The anaesthetist explained things to your child in a way that was easy for them to understand.	1	2	3	4	5	N/A
Responses						
The anaesthetist encouraged your child to ask questions.	1	2	3	4	5	N/A
Responses						
3. Involving teens in their care						
The anaesthetist involved your teenager in discussion of their care.	1	2	3	4	5	N/A
Responses						
4. Privacy						
The anaesthetist took effort to ensure privacy when talking with you and your child.	1	2	3	4	5	N/A
Responses						
5. Anxiety						
Was your child anxious before surgery?	Yes			No		
The anaesthetist's effort to minimise your child's anxiety or fear.	1	2	3	4	5	N/A
Responses						

6. Pain						
Did your child have pain after surgery?	Yes			No		
Management of your child's pain after surgery.	1	2	3	4	5	N/A
Responses						
7. Nausea and vomiting						
Did your child have nausea or vomiting after surgery?	Yes			No		
Management of your child's nausea and vomiting after surgery.	1	2	3	4	5	N/A
Responses						
8. After care						
The anaesthetist informed you personally if there was a problem during anaesthesia?	Yes			No		
Information from the anaesthetist about what to expect and how to care for your child after surgery.	1	2	3	4	5	N/A
Responses						
9. If you had a positive experience, please tell us about it						
Summary of responses:						
10. If you had a negative experience, please tell us about it						
Summary of responses:						
11. Suggestions for improvements						
Summary of suggestions for how the care of your child can be improved:						
12. Willingness to have the same anaesthetist						

If your child were to have another anaesthetic, would you be happy to have the same anaesthetist?	Yes		No	
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