

Surgery Patient Education Guide Evaluation Form

Please take 5 minutes to tell us what you think about this guide. When you are done, please send your form to:
Attn: Patient Education Program, Patient & Family Library, Toronto Western Hospital, 1st Floor, West Wing,
399 Bathurst St, Toronto, ON, M5T 2S8

Part 1: About you

These questions will help us gather information to better serve the needs of our patients.

You can answer some or all the questions.

1. You are: Female <input type="checkbox"/>	Male <input type="checkbox"/>	Other <input type="checkbox"/>
2. What is your age? Under 25 <input type="checkbox"/> 25 to 30 <input type="checkbox"/> 30 to 39 <input type="checkbox"/> 40 to 49 <input type="checkbox"/> 50 to 59 <input type="checkbox"/> 60 to 69 <input type="checkbox"/> 70 to 79 <input type="checkbox"/> 80 or over		
3. What is the highest level of education you have completed? Grade school <input type="checkbox"/> High school <input type="checkbox"/> College/University <input type="checkbox"/>		
4. How confident do you feel when filling out medical forms by yourself? Very <input type="checkbox"/> Quite a bit <input type="checkbox"/> Somewhat <input type="checkbox"/> A little bit <input type="checkbox"/> Not at all <input type="checkbox"/>		
5. What language do you prefer to speak? English <input type="checkbox"/> Other (Which one?): _____		
6. What is your marital status? Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____		

Part 2: How you used this guide

These questions are about your surgery and the surgery guide.

1. What surgery did you have? _____
2. Where did you have your surgery? Toronto General Hospital <input type="checkbox"/> Toronto Western Hospital <input type="checkbox"/> Princess Margaret Cancer Centre <input type="checkbox"/>
3. Where did you get your guide? In my surgeon's clinic <input type="checkbox"/> In the Pre-Admission Clinic <input type="checkbox"/> On the nursing unit after my surgery <input type="checkbox"/> From the surgery guide website <input type="checkbox"/> Other: _____
4. Which do you prefer? I prefer this guide with the plastic cover and all pages (hard copy) <input type="checkbox"/> I prefer this guide in an electronic format that can be downloaded from a website
5. Did someone from your health care team (for example, a surgeon or a nurse) talk to you about reading the information in your guide? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6. Did you read the information in your guide to help you prepare for your surgery and, to help yourself after your surgery? Read the whole guide <input type="checkbox"/> Read part of the guide <input type="checkbox"/> Did not read at all <input type="checkbox"/> If you did not use your guide, please tell us what stopped you from using it? _____
7. Did your health care team add more information about your care into your guide during your hospital stay (for example, brochures or information sheets)? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>

8. Did your health care team use the guide with you during your hospital stay (for example, to go over what to expect during your surgery and recovery time, or to help you learn more about your exercises, medications, or your discharge plan etc.)?

Yes No Not sure

Part 3: Did you get any extra education?

These questions are about other information you may have been given.

1. Did you get any extra education about your surgery from other sources?

Yes No Not sure

If yes, which source? Check all that apply:

My health care team members <input type="checkbox"/>	Internet <input type="checkbox"/>	Books <input type="checkbox"/>	Brochures and pamphlets <input type="checkbox"/>	Videos <input type="checkbox"/>	A support group <input type="checkbox"/>	I visited the Patient & Family library <input type="checkbox"/>
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Other:

2. Was there any information that you would have liked that was not in your guide?

Yes No Not sure

If yes, please tell us what you would have liked to see in your guide:

Part 4: How did the guide help you?

Please answer all these questions by circling one number:

1. The language in the guide was simple to understand.

I strongly disagree 0	I disagree 1	Not sure 2	I agree 3	I strongly agree 4
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2. The information in the guide helped me understand what to expect during and after my surgery.

I strongly disagree 0	I disagree 1	Not sure 2	I agree 3	I strongly agree 4
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3. The guide helped me to prepare for my clinic and hospital visits and to ask good questions.

I strongly disagree 0	I disagree 1	Not sure 2	I agree 3	I strongly agree 4
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4. The information in my guide helped me feel less anxious about my surgery.

I strongly disagree 0	I disagree 1	Not sure 2	I agree 3	I strongly agree 4
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5. The guide helped me to care for myself when I went home after my surgery.

I strongly disagree 0	I disagree 1	Not sure 2	I agree 3	I strongly agree 4
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If you agree or strongly agree to question 5, please tell us how the guide helped you at home:

Other comments:

Thank you for filling out this evaluation.