In its recent report on day surgery, *A Short Cut to Better Services: Day Surgery in England and Wales*, HMSO, (1990) (reference 1), the Audit Commission highlighted the lack of attention in many hospitals to measuring the quality of services offered to patients. In particular it stressed the need to monitor patients' perceptions of the day surgery services they receive, but found no readily available tool for doing this. The Commission therefore asked the Health Services Research Unit of the London School of Hygiene and Tropical Medicine to develop, on its behalf, a questionnaire which would be simple to use and useful for managers and clinicians alike. This paper is largely the result of that work.

The field trials showed that the vast majority of day-case patients are satisfied with their treatment. The proportion who are dissatisfied is similar to that for in-patients. A small proportion of day-case patients felt their length of stay in hospital was too short, as did a similar proportion of in-patients. In addition, patients had a number of specific areas of dissatisfaction with the facilities offered and clinical practices, such as inadequate parking, poor information about their treatment and poor pain control.

The Commission is making its questionnaire available to health authorities and other interested bodies and can supply copies for their use. It has also developed a computer package to assist in the coding and analysis of the questionnaires and is planning to assemble a national database of results so that individual hospitals can see their performance in the context of others. Full details of how to obtain these services are included in the paper.

The questionnaire printed with this Paper (see Appendix) is designed for use by health authorities and hospitals.

Bulk copies of this questionnaire and the version for children can be obtained from the Audit Commission, Bristol (see footnote on page 8).
INTRODUCTION

1 Day surgery can result in a more efficient use of health care resources. This was demonstrated in a recent report by the Audit Commission (reference 1). But the Commission recommended that much more attention should be given to monitoring the quality of services offered to patients. In particular, the report stressed the lack of information on the attitudes of patients towards day surgery and their satisfaction with it. This is essential information for health authorities as purchasers of services for their populations, as well as for hospitals as providers. The Commission therefore asked the Health Services Research Unit of the London School of Hygiene and Tropical Medicine to develop, on its behalf, a questionnaire to measure patients' perceptions which would be simple to use and useful for managers and clinicians alike. This paper is largely the result of that work.

2 The paper discusses the main contributions to understanding quality in the NHS and develops them into a framework which can provide a basis for its measurement in many areas of service provision. Examples are given for day surgery. The role of patients' perceptions, which is the main focus of the paper, is explained. Later sections discuss the development of the questionnaire for patients, present some results from the field trials and explain how it can be used.

THE MEASUREMENT OF QUALITY IN HEALTH CARE

3 The quality of health care in the NHS is important:
   a) to patients – they should feel satisfied with the service and the outcome should be an improvement in health;
   b) to clinicians, managers and other staff involved, who, in seeking to bring about improvements in the health of patients and secure contracts for health services, need to ensure that the best available techniques (balanced against the costs of the service) are used and the needs of patients are met;
   c) in performance assessment where traditional measures of efficiency and effectiveness may be misleading when viewed in isolation, because they ignore possible differences in quality.

4 Quality is the degree of excellence of a service and is one among several factors which should form part of an overall assessment of health services. Efficiency is the way in which inputs, such as facilities, staff and materials, are combined to produce the service. Quality and efficiency jointly determine unit costs. The effectiveness of a service is the degree to which it is contributing to the broader objectives of improving health and encompasses 'quantity', for example the numbers of patients treated and the populations involved, as well as quality. Maxwell (reference 2) includes accessibility and acceptability of services to patients, equity and relevance to need (for the whole community) as additional factors which should be part of an overall assessment of health services. Equity and relevance to need will be of particular concern to district health authorities as purchasers.

5 Following Donabedian's (reference 3) classification, quality of health care can be assessed in three main ways:
   a) the resources available or structure of the service (e.g. adequate facilities, adequately trained clinicians and nurses);
   b) the ways in which these resources are used or the process of the service (e.g. managerial control and responsibilities, operational policies);
   c) the results or outcomes of treatment.

Outcomes are clearly the most important aspect as the qualities of the inputs are immaterial if they are failing to achieve the desired outcomes. However, the structure and process measures can often, at least partly, explain the differences in outcomes – hence the need to measure them. They may also explain differences in efficiency.

6 But outcomes need to take into account the starting point or condition of the patient. Patients begin treatment with different degrees of severity of their conditions and they come from different social backgrounds. These factors can therefore affect the outcome of treatment as well as the resource inputs (Exhibit 1).

7 Patients' conditions, organisational structure, process and the outcome of treatment can each be viewed from two main points of view:
   a) professional – how well medical science and management techniques are applied to the service;
THE COMPONENTS OF QUALITY

Outcomes are the most important component, but measuring condition, structure and process can help to explain differences in outcomes.

b) patient – the extent to which the needs of patients are known and accommodated.

A comprehensive picture of the quality of health care requires assessment from both points of view. But this does not mean it should include every conceivable indicator. Examples of indicators of quality of day surgery are given in Exhibit 2. The relevance of particular indicators depends on identifying objectives. It is most important that these are clearly stated at the outset and that indicators are selected to give maximum information on the extent to which objectives are being achieved.

8 Many indicators from the professional perspective can be obtained...
from routinely collected data, but information on patients' perceptions, which is the focus of this paper, is much less readily available. Questionnaire surveys are necessary to obtain this information, but they must be designed so as to set the results in the context of the patient's medical, social and demographic background and avoid questions which may produce biased answers. Careful validation of such questionnaires is an important pre-requisite.

DEVELOPMENT OF THE QUESTIONNAIRE

9 The literature on patient perceptions of day surgery indicates that patients are generally satisfied (e.g. references 4 and 5), but often only a few procedures are covered and with very small sample sizes. This makes it difficult to generalise. Problems raised have included some, like poor information given to patients and parking difficulties at the hospital, which ought to be susceptible to management solutions. Some studies have found small numbers of patients who have said their lengths of stay in hospital were too short, but the questionnaires used have often not been detailed enough to explain why this is the case.

10 There is a much larger literature on the use of patient perception questionnaires in general. For example, recent developments have included work carried out for the Department of Health by the University of York (reference 6) and CASPE Research (reference 7). The Health Policy Advisory Unit at the University of Sheffield has also produced a detailed questionnaire (reference 8) for monitoring patients' experiences through all stages of their hospital stay. All these are aimed primarily at in-patients. Some do not address specific issues like the need for and use of follow-up care after leaving the hospital which are important in assessing the quality of day surgery.

11 A detailed examination of the issues raised in all these studies, together with a survey of the questionnaires used and a number of unstructured discussions with patients, formed the basis of field trials of three questionnaires (pre-operative, one week and one month post-operative). The trials were carried out in three health authorities (Swindon, Coventry and Milton Keynes). Both in-patients and day cases undergoing any of 10 procedures (inguinal hernia repair, breast lump biopsy, cystoscopy, circumcision, arthroscopy, cataract extraction, myringotomy (with or without insertion of grommets), carpal tunnel decompression, dilatation and curettage and laparoscopy) were included over a three month period during the summer of 1990.

RESULTS FROM THE FIELD TRIALS

12 The field testing of the questionnaires addressed five principal questions regarding patients' perceptions of day surgery:

(i) What is the overall level of satisfaction for day-case patients?
(ii) How do the levels of satisfaction reported by day-case patients compare with those reported by in-patients?
(iii) What are the specific areas of dissatisfaction with the service?
(iv) How do day-case patients rate the outcome of their treatment?
(v) What services do day-case patients need and use after discharge from hospital?

13 Sample sizes and response rates achieved in the field trials are given in Exhibit 3. Response rates of around 50% are common for these types of surveys.

(i) What is the overall level of satisfaction of day-case patients?

14 The overall level of satisfaction with day surgery was high at one week after the operation. 80% of day-case patients (103 out of 129) said they preferred being treated as a day case and 83% that they would recommend it to a friend in a similar situation. The main reasons given by the 80% who preferred day surgery were (Exhibit 4):

— they felt they made a faster and better recovery at home;
— they were home sooner. This was especially important to parents of young children;
— in-patient care was felt to be unnecessary;
— some patients felt it was good for the NHS.
Of the remaining 20%, 5% expressed no preferences and 15% were not happy with their treatment because they:
— felt it was too soon to go home; they had not recovered from the anaesthetic and/or the operation;
— were anxious if anything should go wrong at home;
— would not get sufficient rest at home;
— would be placing an extra burden on relatives.

(ii) How do the levels of satisfaction reported by day-case patients compare with those reported by in-patients?

15 There were slightly more day-case patients than in-patients in the sample. The two groups underwent a different mix of procedures (Exhibit 5 overleaf). They also differed in that the day-case patients in the sample were predominantly younger, more likely to be female, living with other people and to have finished full time education later (largely reflecting the age differences). Given these differences, which partly reflect case selection by clinicians, it is not surprising to find that the in-patients were also generally less healthy to start with than the day-case patients (Table 1 overleaf).

16 Overall, 83% of those treated as in-patients, almost the same percentage as for day-case patients, were satisfied with their treatment. The main reasons for dissatisfaction were also very similar. Whilst 16% of day-case patients felt their length of stay was too short, 11% of in-patients felt the same. 5% of in-patients felt their length of stay was too long. In
Exhibit 5
PROCEDURES PERFORMED ON DAY-CASE PATIENTS AND IN-PATIENTS
The mix of procedures in the sample of day-case patients is different to that in the sample of in-patients.

![Graph showing procedures performed](image)

Source: Field trials of the Audit Commission Questionnaires

Table 1
COMPARISON OF THE GENERAL HEALTH OF DAY-CASE PATIENTS AND IN-PATIENTS
In-patients in the sample reported themselves as less healthy than the day-case patients (one week post-operative questionnaire)

<table>
<thead>
<tr>
<th></th>
<th>Day cases</th>
<th>In-patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious health problem in the past</td>
<td>22</td>
<td>36*</td>
</tr>
<tr>
<td>Health compared with peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– better</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>– same</td>
<td>63</td>
<td>58</td>
</tr>
<tr>
<td>– worse</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Regular medication</td>
<td>36</td>
<td>56*</td>
</tr>
</tbody>
</table>

* statistically significant difference at the 5% level

Source: Field trials of the Audit Commission Questionnaires

general, the satisfaction levels observed for day-case and in-patients are very similar. The big advantages of day surgery therefore appear to lie in potentially shorter waiting times and more efficient use of resources. More detailed comparisons between day-case and in-patients are not possible in this case because of the differences in the samples.

(iii) What are the specific areas of dissatisfaction with the service?

17 The main problems identified by the day-case patients one week after the operation were (Exhibit 6):

- lack of facilities: poor levels of privacy, absence of telephones, lack of things to occupy children on the ward and inadequate parking – this last accounts for 18% of complaints;
- poor information and insufficient warning of admission and discharge.
- poor post-operative pain control and after-effects of anaesthetic.

18 Only 50% of day-case patients reported having received an explanation of their operation prior to admission, but 84% had received one once they had been admitted. This is reflected in the reported degrees of satisfaction with the level of information: 54% said the level of information they received pre-operatively was sufficient compared to 78% one week post-operatively. Whilst the levels of and degree of satisfaction with information given on admission is reassuring, there is a serious lack of written information. Only 24% of patients received written information pre-operatively (33% received it once they had been admitted to hospital).

19 On discharge 80% felt they had had enough information about what problems to expect after discharge and in the event only 8% reported an unexpected medical problem during the month following the operation, but a
number of specific problems concerning poor information were raised:

'... further information about advisability of lifting, etc., with sutures in (i.e.) not sure how long to be careful for' (39 year old woman – laparoscopy)

'If I could have a bath/shower, go up stairs, take dressings off at night, take any painkillers' (17 year old woman – arthroscopy)

'was not told how to clean my cuts or what with (in case of infection)' (23 year old woman – D&C)

'... about baths, returning to school, the reply was do as you think right for your son – if not happy contact your GP' (parents of 13 year old boy – circumcision)

'I felt although given exercises to do from the physiotherapist, I wasn’t told just how much use, i.e. standing, walking, the knee should/would tolerate from day one through to seeing the specialist ... I am aware that this would vary from patient to patient, so hence I am wondering have I done too much too soon’ (44 year old woman – arthroscopy)

'the information received from the doctors was OK, but you don’t always think of questions while he/she is there. A hand-out with brief description of treatment, causes and after-treatment would be useful’ (parent of 6 year old boy – circumcision)

'I have had time off work to discuss with my GP points that I needed to know before leaving hospital' (69 year old woman – D&C)

(iv) How do day-case patients rate the outcomes of their treatment?

20 The majority of day-case patients did not have to stay in bed at home after discharge, remained indoors for three days or less and only needed to 'take it easy' for up to a week after the operation (Exhibit 7). Most day-case patients felt that the overall result of their treatment and the speed of their recovery had been as good as expected or even better (Exhibit 8). The outcomes of similar patients undergoing the same procedures alternatively as in-patients and day cases cannot be compared because of the differences in the samples.

Exhibit 7
POST-OPERATIVE PROBLEMS AND SPEED OF RECOVERY (DAY-CASE PATIENTS ONE MONTH AFTER THEIR OPERATIONS)
Almost all patients were able to go outdoors within 3 days and the majority were back to normal within a week

Exhibit 8
PATIENTS’ OPINIONS OF THE RESULT OF AND SPEED OF RECOVERY AFTER SURGERY. (DAY-CASE PATIENTS ONE MONTH AFTER THEIR OPERATIONS)
The majority of patients felt both the result and the speed of their recovery was better than or as expected
What services do day-case patients need and use after discharge?

Almost all the patients (98%) had someone to accompany them home after the operation, usually by private car (96%). 35% of patients required no help at all during the first week after the operation, 29% a little help and 36% 'a lot' or 'a great deal' of help. Only 3% were re-admitted to hospital within the first month. About a quarter of patients saw their GPs within a month after surgery. This is very similar to the national average (reference 9). There is little or no evidence of use of community nurse or social services. People appear to have been satisfied with these low levels of use. Only 6% expressed a desire for more of these formal care services.

In summary, the vast majority of day-case patients are satisfied with their treatment. The proportion who were dissatisfied is similar to that for in-patients, although the two groups are not directly comparable in this case because day-case patients are younger and fitter. The small proportion of day-case patients who felt their length of stay in hospital was too short is not significantly different from the proportion of in-patients who felt the same. Despite the generally favourable response by both day-case and in-patients, significant numbers expressed dissatisfaction with their care. Clinicians and managers should be acquiring similar information to help them plan and operate better services.

Experience from the field trials has shown that only one questionnaire is necessary to gain a complete picture rather than the three tested (paragraph 11), although variants are needed for:

- adults;

A sample copy of the questionnaire for adults is given in the Appendix. The Commission can supply further copies of this and the version for children, in the two colour format shown in the appendix to anyone wishing to use them*.

The main steps involved in using the questionnaires are shown in Exhibit 9. The questionnaires are designed to be used with procedures suitable for day surgery. There is a list of the main ones and space for patients to add others which are not on the list in question 3. It is important to include in-patients undergoing these procedures to compare with the day-case patients.

It is very important to check before sending out any questionnaires whether the approval of the local medical ethics committee is needed and if it is, to obtain it well in advance.

About 200 completed questionnaires will be needed for a statistically valid analysis based on the sample as a whole. In order to allow for a less than complete response, this means sending out at least 350 questionnaires. The questionnaires are best sent to patients to arrive about 3 weeks after their operations. It is important to include a reply paid envelope and a covering letter explaining the reasons for the survey.

The user should create a register of the patients who have been sent a questionnaire. The register should include the patient's name, address, age, sex and the procedure performed. Each patient should be given a unique identifying number which should be written on the questionnaire and in the register. The receipt of completed questionnaires should be indicated in the register. This will ease the task of sending a reminder letter to non-respondents about five weeks after surgery, which is important in obtaining a reasonable response. The register can be used to determine the response rate and compare responders with non-responders as regards age, sex and procedure.

In most cases analysis of the questionnaires will be greatly simplified if the information collected is entered.
onto a computer. To facilitate this the Commission has prepared a computer disk containing ready formatted files for entering data onto the computer and some basic tabulations of the results. A copy of the disk together with full operating instructions will be supplied to users requesting copies of the questionnaires – see paragraph 23.

29 The Commission has asked the Health Services Research Unit of the London School of Hygiene and Tropical Medicine to assemble a national database of the results of surveys using the questionnaires. This could provide individual users with comparative results and allow more detailed analyses. The success of the exercise depends on the take-up of the questionnaires by hospitals. More details will be included with the computer disk.

30 The qualitative data in the questionnaires will need to be considered by the user. It is suggested that these responses simply be read through rather than subjected to any more systematic analysis. It is hoped that they will provide the user with a general feel of the opinions of the patients and pick up any dissatisfaction that the closed questions have failed to detect. A ‘log’ of the most pithy and pertinent comments may be useful.

31 The Audit Commission has recommended (reference 1) that each hospital should appoint a member of the consultant staff to be the Clinical Director of the Day Surgery Unit. He or she should be responsible for the development and implementation of a written operational policy including: booking of patients, admission and discharge procedures and information given to patients. Objectives should
be set for each operational area. The information provided by the questionnaires can then be used to monitor progress towards meeting these objectives alongside routinely collected data for monitoring other aspects of service quality, efficiency and effectiveness (see section 2). A report of the results should be circulated to all those involved in the running of the unit, particularly the surgeons.

32 Information on patients’ perceptions of day surgery would also be of interest to district health authorities and community health councils - many of the latter have pioneered the use of patient perception questionnaires. They may wish to carry out surveys of their own using the questionnaires. Liaison between all the interested bodies at the local level is very important to ensure that effort is not wastefully duplicated, patients are not asked to fill-in too many questionnaires within a short time and maximum use is made of the results.

REFERENCES


We are continually trying to improve the quality of the service we provide. To do this we need to know what you thought about your recent admission to hospital. We are interested in both what you liked and what you disliked.

We hope you will want to help us by completing this questionnaire.
The information you provide will be treated in the strictest confidence.

Please complete this questionnaire three weeks after your operation.

Name

Address

Date of operation

day  month  year

Today's date

day  month  year

Before you answer our questions, we are interested in having, in your own words, any particular comments that you might wish to make about your treatment or about your experiences since leaving hospital.

Please write in the space below
PATIENTS' EXPERIENCES OF SURGERY

First, we would like to ask about what happened before you went into hospital.

1. Did you receive any written or printed information about your treatment before you went into hospital?
   Please tick one: 1 Yes, 2 No

2. Did anyone explain your treatment to you before you went into hospital?
   Please tick one: 1 Yes, 2 No

Now we would like to ask you about the time you spent in hospital.

3. What operation did you have?
   You may tick more than one:
   1. Hernia repair
   2. Arthroscopy
   3. Myringotomy or grommets
   4. Removal of skin growth
   5. Anal fissure dilatation/excision
   6. Nasal fracture reduction
   7. Circumcision
   8. Removal of ganglion
   9. Orchidopexy for undescended testicles
   10. Varicose vein surgery
   11. Cystoscopy
   12. Laparoscopy
   13. Sterilisation (women)
   14. Vasectomy
   15. Cataract extraction
   16. Breast lump biopsy
   17. Carpal tunnel release
   18. Termination of pregnancy
   19. Dilatation & curettage (D&C)
   20. Cervical cautery/biopsy
   21. Other (please specify)

4. How long did you stay in hospital?
   Please tick one:
   1. For the day or less
   2. For one night or more
On the day of your operation, how worried were you about it?
Please tick one

<table>
<thead>
<tr>
<th></th>
<th>Not worried at all</th>
<th>Just a bit worried</th>
<th>Quite worried</th>
<th>Very worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you were worried, were you worried about any of the following?
Please tick for each one

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Having general anaesthetic</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Operation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Success of the operation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Findings of the operation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pain after the operation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>After-effects of anaesthetic</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Complications afterwards</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Did anyone explain your treatment to you during your hospital stay?
Please tick one

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Did you receive any written or printed information about your treatment during your hospital stay?
Please tick one

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

How much warning did you have about when you would be leaving hospital?
Please tick one

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Knew before being admitted</td>
<td>1</td>
<td>☐</td>
</tr>
<tr>
<td>Told when admitted</td>
<td>2</td>
<td>☐</td>
</tr>
<tr>
<td>More than 2 hours warning</td>
<td>3</td>
<td>☐</td>
</tr>
<tr>
<td>2 hours or less warning</td>
<td>4</td>
<td>☐</td>
</tr>
</tbody>
</table>
Now we would like your views of the quality of care in hospital

Please indicate below which aspects of your stay in hospital and your care you were satisfied or dissatisfied with?
Please tick one box for each aspect of care listed:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking at the hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of help from reception staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding the ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Things to keep you occupied in the ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atmosphere of the ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of privacy in ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet facilities in ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of help from nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude of nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of help from doctors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude of doctors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain control immediately after operation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After-effects of anaesthetic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of stay in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of warning about being discharged</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We would now like to turn to how you have got on since your operation

10. How much pain did you experience during the 24 hours after your operation? Please tick one

11. Have you experienced any medical complications arising from your treatment in hospital: Please tick one box for each complication
   - Wound infection
     1. Yes  2. No
   - Allergy or reaction to drug
     1. Yes  2. No
   - Bleeding
     1. Yes  2. No
   - Other (please specify)
     1. Yes  2. No

12. After returning home from hospital, for how many days did you:
   Please tick one box for each question
   (a) stay in bed?
       1. None  2. 1-3  3. 4-7  4. More than 7 days
   (b) stay indoors?
       1. None  2. 1-3  3. 4-7  4. More than 7 days
   (c) take it easy?
       1. None  2. 1-3  3. 4-7  4. More than 7 days

13. Compared to the symptoms you had before your operation, have there been any changes in your symptoms since leaving hospital?
   Please tick one

14. Since the operation how nervous or anxious have you been?
   Please tick one
   1. Less than usual  2. About the same as usual  3. More than usual
For each activity listed below, how have you coped in the last week?
Please tick one box for each item

<table>
<thead>
<tr>
<th>Activity</th>
<th>No difficulty</th>
<th>Difficult but managed without help</th>
<th>Impossible without help</th>
<th>Not attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Going up and down stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Shopping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Lifting heavy objects</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

How has the operation changed your day-to-day life so far?
Please tick one

1. Much better
2. Slightly better
3. No change
4. Slightly worse
5. Much worse

Has your recovery from the operation been faster than you expected, slower than you expected or about as expected?
Please tick one

1. Faster than expected
2. About as expected
3. Slower than expected

We would now like to know about the medical and social care you have needed and received since leaving hospital

Have you been re-admitted to hospital for a problem related to your operation?
Please tick one

1. Yes
2. No

If yes, please describe the problem below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Finally we would like to ask you some questions about your overall views of the treatment you received, and some questions about yourself.

Have you used any of the following services since leaving hospital?
Please tick for each one

<table>
<thead>
<tr>
<th>Service</th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital outpatients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you have liked more help from any of these services since you left hospital?
Please tick one

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes, which service?

How much extra help from friends, family or neighbours have you had since you left hospital?
Please tick one

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td></td>
</tr>
<tr>
<td>Quite a lot</td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
</tr>
<tr>
<td>None at all</td>
<td></td>
</tr>
</tbody>
</table>

Would you have liked more help from friends, family or neighbours since you left hospital?
Please tick one

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Who was most helpful in explaining your operation?
Please tick one

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G.P.</td>
<td></td>
</tr>
<tr>
<td>Hospital doctor or surgeon</td>
<td></td>
</tr>
<tr>
<td>Hospital nurse</td>
<td></td>
</tr>
<tr>
<td>Anaesthetist</td>
<td></td>
</tr>
<tr>
<td>Family or friends</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
23. How do you feel about the information you were given about your treatment?
Please tick one
1. □ More than wanted
2. □ About right
3. □ Less than wanted

24. What would you recommend to a friend in a similar situation to yours: being a day-case or an in-patient?
Please tick one
1. □ Day-case
2. □ In-patient
3. □ Not sure

25. Are you:
Please tick one
1. □ Male
2. □ Female

26. How would you define your ethnic background?
Please tick one
1. □ White
2. □ Black/Caribbean
3. □ Black/African
4. □ Black/Other
5. □ Indian
6. □ Pakistani
7. □ Bangladeshi
8. □ Chinese
9. □ Any other ethnic group (please specify)

27. What is your age group?
Please tick one
1. □ 0-14
2. □ 15-34
3. □ 35-54
4. □ 55-74
5. □ 75 or more

28. Do you live:
Please tick one box for each
with your spouse/partner?
1. □ Yes
2. □ No
with your child/children?
1. □ Yes
2. □ No
with your parent(s)?
1. □ Yes
2. □ No
with others?
1. □ Yes
2. □ No
If you have any final comments about your treatment and after-care, please add them below. We would be particularly interested in knowing what you thought were the best and worst things about your treatment, both in hospital and afterwards.

Thank you very much for completing this questionnaire.