**Endoscopy Department**

**Patient Satisfaction Questionnaire**

Please rate your satisfaction with your recent visit to the Endoscopy Department by completing the short survey below.

**Your answers will remain anonymous and confidential but please contact the unit if you would like to receive a copy of the outcomes of this survey.**

Please ensure that you answer **all** the questions and return the questionnaire

*Please tick relevant boxes.*

**What procedure did you have?**

Colonoscopy ⬜ Flexible Sigmoidoscopy ⬜

Gastroscopy ⬜ Gastroscopy + Colonoscopy ⬜

Gastroscopy + Flexible sigmoidoscopy ⬜

Other ⬜ Please state what \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you offered a choice of dates/times to have the test?**

Yes ⬜ No ⬜

**Did you receive written information about what the test involved?**

Yes ⬜ No ⬜

**Was this information helpful?**

Yes ⬜ No ⬜

If No. Please give reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Arrival at the Hospital***

**At the Endoscopy Unit reception, were you dealt with promptly and efficiently?**

Yes ⬜ No ⬜

**Were you and/or your relatives/carers given a clear indication of how long you would be in the department ?**

Yes ⬜ No ⬜

***The Investigation (Test)***

**Was there a delay before you had your test?**

Yes ⬜ No ⬜ Don’t know ⬜

If Yes, were you informed of the reason?

Yes ⬜ No ⬜

**How would you rate the amount of information given to you by the Nurse**

**preparing you for the test**

Very good ⬜ Good ⬜ Satisfactory ⬜ Inadequate ⬜

**Was the amount of information given;**

Too Much ⬜ About Right ⬜ Too Little ⬜

***Privacy and Dignity (Wait Area)***

**Were you given enough privacy when changing or being prepared for your procedure?**

Yes ⬜ No ⬜ Not applicable ⬜

**Did you find your privacy and dignity was respected in the waiting area prior to your test.?**

Yes ⬜ No ⬜

***Consent***

**It is important to us that you are asked to consent to your procedure in an appropriate setting. Please tell us where you signed your consent form**

At Pre-Assessment ⬜

With the Endoscopy Nurse ⬜

With the Endoscopist outside the procedure room ⬜

In the procedure room ⬜

With the Consultant ⬜

Not sure ⬜

**Did the endoscopist explain that there might be risks/complications associated with doing the test?**

Yes ⬜ No ⬜

**Were you given an opportunity to ask questions before signing the consent form?**

Yes ⬜ No ⬜

***About the test***

**Did you have any Sedation during the Test? (Sedation is a drug given by injection which makes you feel relaxed)**

Yes ⬜ No ⬜

**If NO Did you feel in any way discouraged from having a sedative injection?**

Yes ⬜ No ⬜

If Yes, please give reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you rate your comfort level during the test?**

Acceptable ⬜

Uncomfortable but acceptable ⬜

Unacceptably uncomfortable ⬜

Can’t remember ⬜

**Was the test more uncomfortable than you thought it would be?**

Yes ⬜ No ⬜

**Did you feel that your privacy / Dignity was respected during the procedure?**

Yes ⬜ No ⬜

**Did you feel that your privacy / dignity was respected whilst in recovery?**

Yes ⬜ No ⬜

***Test Results and Discharge Information***

**Were the results to the test explained to you afterwards?**

Yes ⬜ No ⬜

**Were you offered a copy of the endoscopy report?**

Yes ⬜ No ⬜

**If NO were you given any written information about the test?**

Yes ⬜ No ⬜

**If you had to wait for results, was it made clear to you how you would get the results?**

Yes ⬜ No ⬜

**Were you or a relative given written information about the sedative**

Yes ⬜ No ⬜ Not applicable ⬜

**Were you given a telephone number to ring if you needed advice after the test?**

Yes ⬜ No ⬜

**Were you advised about any necessary follow up appointments before leaving the department?**

Yes ⬜ No ⬜ Not applicable ⬜

**Are there any ways in which your visit to the Endoscopy Unit could have been improved?**

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**Is there anything you think the Endoscopy Unit is doing particularly well?**

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**How would you rate your overall experience in the Endoscopy Unit?**

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*Thank you for taking the time to answer this questionnaire. Please leave your name and address if you would like feedback on the results.*