

### **Patient and Family experiences of Endoscopy**

**Overall satisfaction of the Endoscopy service:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Terrible</b>	<b>Poor</b>	<b>Acceptable</b>	<b>Good</b>	<b>Excellent</b>
☹️☹️	☹️	😊	😊😊	😊😊😊

**Childs Age:**

Under 5 years  5 to 10 years  11 to 15 years  Over 15 years

**Childs gender:**

Male  Female

#### **Before the Endoscopy:**

1. Was an interpretation service offered?

Not applicable  Face to face interpreter  Telephone  No interpreter

2. Had the procedure been explained when you signed the consent form ? Y / N

3. Were you given the opportunity to ask questions? Y / N

4. Were you given with an information leaflet about the procedure? Y / N

5. Were you informed of the waiting time for your Endoscopy? Y / N

6. Did you feel the waiting time was too long/short/about right?

Too long  Too short  About right

7. If the patient is over 10 years old, did they have the opportunity to sign the consent form themselves?

Yes  No  Not aged above 10 years  Don't know

8. Were you admitted to the hospital the night before? ? Y / N

9. (For colonoscopy only) Were you informed of the importance of taking bowel prep?

Y / N

10. (For colonoscopy only) Were you given appropriate instructions of how to take the bowel prep? **Y / N / in hospital**

11. On a scale of 1-5, how well were you prepared for the procedure today, based on the information provided?

**1      2      3      4      5**

**Anaesthesia:**

1. Did you get the opportunity to discuss options with the Anaesthetist? **Y/N**
2. Did you get the opportunity to discuss a 'premed' with the anaesthetist to help with anxiety pre procedure? **Y/N**
3. If you/ your child was given a pre-med before going to theatre - did that help? **Y/N/not applicable**

**Endoscopy Experience (please answer after the procedure):**

- 1 When you were taken to the anaesthetic room before the procedure, did the staff there put you at ease? **Y/N**
  - 2 If you/your child has additional needs (e.g. physical, learning or behavioural difficulties, other medical conditions) how well were these cared for?  
**1      2      3      4      5      Not applicable**
  - 3 Did you/your child have any bleeding afterwards? **Y/N**
  - 4 Did you/your child have any vomiting afterwards? **Y/N**
  - 5 Did you/your child have any pain afterwards ? **Y/N**
  - 6 Did you/your child have any other complications or problems afterwards? **Y/N**  
If yes, please state:
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**Post-Procedure Experience:**

1. Were the findings from the Endoscopy explained to you/your child? **Y/N**
2. If yes, how sensitive was the Doctor with this?  
**1      2      3      4      5**
3. How soon after the procedure were you discharged home?

0-2hrs  2-3hrs  3-4hrs  > 4hrs  Next day

4. Were you told of follow up arrangements? **Y/N**
5. Were you given advice on what to do if you/your child suffered from any problems or complications after you went home? **Y/N**

**Other:**

- 1 How was the Doctor's sensitivity/courtesy towards parents and patient?  
1 2 3 4 5
- 2 Was your/your child's privacy & dignity maintained throughout your stay?  
1 2 3 4 5
- 3 Was your/your child's comfort considered and cared for during your stay?  
1 2 3 4 5
- 4 Did any member of the staff stand out? **Yes/No**

If yes, who and why?

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- 5 How would you rate the overall care you received?  
1 2 3 4 5
- 6 Do you have any feedback about your overall experience?

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