Protocol for a Patient-Reported Experience Measures (PREMS) survey of patients discharged during the COVID-19 pandemic and their family caregivers. (from 27 February to 11 May)

PART 1

1. **Personal information** (please complete and tick)
   - Year of birth: ............
   - Sex: □ Female □ Male □ Other
   - Marital status: □ Married □ Single □ Divorced/Separated
   - Do you live alone? □ Yes □ No
   - What is your highest level of education?
     □ Compulsory schooling □ High school (and/or an apprenticeship)
     □ Higher studies
   - Was a family member (and/or family caregiver) involved during your hospitalisation?
     □ Yes □ No
     If yes, and you agree, the questions on pages 7 and 8 should be filled in by your family caregiver and then returned in the same envelope as your answers.

2. **Date of hospital admission** (day/month): ..............

3. **Date of hospital discharge** (day/month): ..............

4. **Please tick the different hospital departments that you attended during your hospitalisation:**
   - □ A first aid post (e.g. a tent outside the hospital)
   - □ Emergency department
   - □ Medical care department
   - □ Surgery department
   - □ Psychiatry department
   - □ Gynaecology/maternity department
   - □ Continuous care unit
   - □ Intensive care unit
   - □ Rehabilitation unit
   - □ I don’t know

5. **Were you hospitalised because of an infection by COVID-19?**
   □ Yes □ No □ I don’t know

6. **How did you perceive the information you received about the COVID-19 pandemic during your hospitalisation?** (please tick one box only)
   □ Totally inadequate
   □ Inadequate
   □ Slightly inadequate
No opinion (neutral)

Just adequate enough

Adequate

Very adequate

7. **How would you rate the hospital’s communication?** (please tick one box only)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Passable</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</table>

8. **With regards to the information that you needed during your hospitalisation, which of the subjects below were the most important to you?** (please tick a maximum of 3 boxes)

- COVID-19’s means of transmission
- COVID-19’s incubation time (the time between infection and the appearance of the first symptoms)
- COVID-19’s symptoms
- The preventive measures to avoid contracting COVID-19
- The risks of contracting COVID-19
- The risks of falling severely ill
- COVID-19 treatments
- I did not need any other information
- Other: .................................................................

9. **Did you feel safe during your hospitalisation?** (please tick a number between 1 and 10 to give your opinion on your feelings of safety, with 10 being that you felt totally safe and 1 being that you felt totally unsafe)

<table>
<thead>
<tr>
<th>Totally unsafe</th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Totally safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

10. **How serious do you think the COVID-19 pandemic is?**

<table>
<thead>
<tr>
<th>Not at all serious</th>
<th>Not very serious</th>
<th>Slightly serious</th>
<th>Serious</th>
<th>Very serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☐</td>
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</tbody>
</table>

11. **The following questions are about the trust you felt in your physicians and nurses throughout your hospitalisation during the pandemic situation.**

Tick the box which best corresponds to your answer to each question.

a) I doubt that the health-care staff really cares about me as a person.

- Totally disagree
- Disagree
- No opinion
- Agree
- Totally agree

b) The health-care staff is usually considerate of my needs and makes them a priority.

- Totally disagree
- Disagree
- No opinion
- Agree
- Totally agree
c) I have a lot of trust in health-care staff, and I always try to follow their advice.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

d) If health-care staff tell me something, then it must be true.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

e) I sometimes distrust health-care staff's opinions and like to get a second opinion.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

f) I trust health-care staff's judgement about my medical care.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

g) I feel that health-care staff do not do everything they should concerning my medical treatments.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

h) Health-care staff are experts in the management of medical problems like mine.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

i) I trust that health-care staff will tell me if a mistake has been made in my treatment.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

j) I am sometimes afraid that health-care staff will not keep the information we discuss confidential.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

12. Were you aware that psychological support was available to you during your hospitalisation?

☐ Yes ☐ No

13. Did you receive any psychological support during your hospitalisation?

☐ Yes ☐ No ☐ I don’t know

If you did benefit from psychological support, were you satisfied with that service?

<table>
<thead>
<tr>
<th>Not at all satisfied</th>
<th>Not very satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>Extremely satisfied</th>
</tr>
</thead>
</table>

Do you think that you still need psychological support today?
☐ Yes ☐ No ☐ I don’t know

14. Did your health problem, combined with your hospitalisation during a period when the canton of Valais was facing a pandemic, cause you to feel stressed?
Please respond to the following 10 questions as spontaneously as possible.

<table>
<thead>
<tr>
<th>In the last month, how often:</th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you been upset because of something that happened unexpectedly?</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>2. Have you felt that you were unable to control the important things in your life?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you felt nervous or stressed?</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Have you felt confident in being able to face up to your problems?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>5. Have you felt that things were going the way you wanted them to?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>6. Have you felt overwhelmed by all of the things that you had to get done?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Have you felt capable of managing the problems you encounter?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Have you felt that you were functioning to the best of your capacities?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Have you felt annoyed because events were outside of your control?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Have you felt that your difficulties were so enormous that you could not control them?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

15. Was there anything missing or lacking from your hospital discharge?
☐ No ☐ Yes If yes, please describe what:

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16. Do you still have any physical or other symptoms linked to an infection with COVID-19?
☐ No ☐ Yes If yes, please describe which ones:

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17. Do you have any improvements to suggest?
We sincerely thank you for your participation.

Please return this questionnaire in the attached stamped, addressed envelope.
PART 2

This part of the questionnaire should be filled in by the person who acted as your close family caregiver during your hospitalisation. If you did not have family members directly involved during your hospitalisation, please leave this section blank.

18. Were you able to visit your relation in hospital?
   □ Yes
   □ No

   If not, how did you manage to maintain contact with your relation? (you may tick more than one box)
   □ Telephone with the patient
   □ Telephone with professional caregivers
   □ Email
   □ Other: ……………………………………………………

   If not, did this affect you? (please tick one answer only)
   □ I was not affected
   □ I was slightly affected
   □ No opinion
   □ I was moderately affected
   □ I was very affected

19. How did you perceive the information you received about the COVID-19 pandemic during your relation’s hospital stay? (please tick one box only)
   □ Totally inadequate
   □ Inadequate
   □ Slightly inadequate
   □ No opinion (neutral)
   □ Just good enough
   □ Adequate
   □ Very good

20. How would you rate communication with the staff? (please tick one box only)
   □ Poor
   □ Passable
   □ Good
   □ Very good
   □ Excellent
21. **With regards to the information needed during your relation’s hospitalisation, which of the subjects below were the most important to you?** (please tick a maximum of 3 boxes)

- [ ] COVID-19’s means of transmission
- [ ] COVID-19’s incubation time (the time between infection and the appearance of the first symptoms)
- [ ] COVID-19’s symptoms
- [ ] The preventive measures to avoid contracting COVID-19
- [ ] The risks of contracting COVID-19
- [ ] The risks of falling severely ill
- [ ] COVID-19 treatments
- [ ] I did not need any other information
- [ ] Other: ……………………………………………………

22. **As a close family caregiver, how did the hospital staff treat you?**

(please tick one box only)

- [ ] I was not taken into consideration at all
- [ ] I was moderately taken into consideration
- [ ] I was fully taken into consideration

23. **How serious do you think the COVID-19 pandemic is?**

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Would you like to add any comments about your experience of your relation’s hospitalisation during the pandemic?

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We sincerely thank you for your participation.