ID no. ☐☐☐☐

ACT Transition from Hospital to Home Survey

Thank you for answering this voluntary survey, which will not identify you personally in any way. Your answers will provide important information about your recent experience in hospital and your transfer from hospital back to home and to care provided in the community and general practice. We will use this information to improve the services we provide. Please do not feel any pressure to complete this survey, however your input is very valuable and we would appreciate hearing your point of view. If you choose not to participate in this study, it will have no effect on the care you receive either now or in the future.

This survey will take about **10 minutes** to complete.

How to fill in this survey
Most of the questions can be answered by placing a tick in the box next to the answer that best applies to you, the patient. **Please tick only one answer** for each question unless otherwise directed.

Please place your completed survey in the box provided in the waiting room.

If you would like to know more about this study, please contact the chief investigator:
Jane Desborough,
Department of Health Services Research and Policy
Research School of Population Health, Australian National University
on 6125 6545 or jane.desborough@anu.edu.au

Who should I contact if I have concerns about the conduct of this study?
This study has been approved by the ACT Health, Calvary Hospital and the Australian National University Human Research Ethics Committees. If you have any concerns or complaints about the conduct of the study, and do not feel comfortable discussing this with study staff, you may contact the Committee secretariat who is nominated to receive complaints about research projects:

Calvary Hospital Ethics Committee on 6264 7162 or ethics@calvary-act.com.au

The Australian National University on 6125 3427 or Human.Ethics.Officer@anu.edu.au

A. About your health (Please tick <u>one</u> box for each question)

1. Has a doctor EVER told you that you have one of these conditions?

1. Arthritis	1☐ Yes	2☐ No	3☐ Unsure
2. Osteoporosis	1☐ Yes	2☐ No	3☐ Unsure
3. Asthma	1☐ Yes	2☐ No	3☐ Unsure
4. Chronic obstructive pulmonary disease (COPD), acquired respiratory distress syndrome (ARDS, or emphysema)	1☐ Yes	2☐ No	3☐ Unsure
5. Angina	1☐ Yes	2☐ No	3☐ Unsure
6. Congestive heart failure (or heart disease)	1☐ Yes	2☐ No	3☐ Unsure
7. Heart attack	1☐ Yes	2☐ No	3☐ Unsure
8. Neurological disease (e.g. Multiple Sclerosis or Parkinson's)	1☐ Yes	2☐ No	3☐ Unsure
9. Stroke or transient ischaemic attack (TIA)	1☐ Yes	2☐ No	3☐ Unsure
10. Peripheral vascular disease	1☐ Yes	2☐ No	3☐ Unsure
11. Diabetes types I and II	1☐ Yes	2☐ No	3☐ Unsure
12. Upper gastrointestinal disease (ulcer, hernia, reflux)	1☐ Yes	2☐ No	3☐ Unsure
13 Depression	1☐ Yes	2☐ No	3☐ Unsure
14 Anxiety or panic disorders	1☐ Yes	2☐ No	3☐ Unsure
15. Visual impairment (e.g. cataracts, glaucoma, macular degeneration)	1☐ Yes	2☐ No	3☐ Unsure
16. Hearing impairment (very hard of hearing, even with hearing aids)	1☐ Yes	2☐ No	3☐ Unsure
17. Degenerative disc disease (back disease, spinal stenosis or severe chronic back pain)	1☐ Yes	2☐ No	3☐ Unsure

2. Which health condition or conditions impact most on your daily life?

_____

3. In general, how would you rate your health?

1☐ Poor 2☐ Fair 3☐ Good 4☐ Very good 5☐ Excellent

B. Before you went to hospital for your hip or knee surgery recently

1. Do you recall being invited to attend an information session by your surgeon?

1☐ Yes 2☐ No 3☐ Don't know

- **If Yes, did you attend the information session?**

1☐ Yes 2☐ No 3☐ Don't know

- **If yes, how useful was this in preparing you for surgery?**

1☐ Not very useful 2☐ Moderately useful 3☐ Very useful

2. Do you recall being given an information package or checklist to help you prepare for surgery?

1☐ Yes 2☐ No 3☐ Don't know

- **If yes, did you use this?**

1☐ Yes 2☐ No 3☐ Don't know

C. When you were in hospital for your surgery recently

1. Which surgery did you have? 1☐ Hip surgery 2☐ Knee surgery

2. Did you experience pain during your stay in hospital?

1☐ Yes 2☐ No 3☐ Don't know

3. How would you describe the worst level of pain you experienced?

Please circle your response (0 = no pain and 10 = worst pain ever)

0 1 2 3 4 5 6 7 8 9 10

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4. How would you describe the general level of pain you experienced?

Please circle your response (0 = no pain and 10 = worst pain ever)

0 1 2 3 4 5 6 7 8 9 10

5. Overall, did the medication you received in hospital help to control your pain?

1☐ Yes 2☐ No 3☐ Don't know

6. Were you shown how to use ice to help manage your pain?

1☐ Yes 2☐ No 3☐ Don't know

7. Were you shown breathing exercises to help you manage your pain?

1☐ Yes 2☐ No 3☐ Don't know

8. When you left hospital, how would you rate your pain out of 10?

Please circle your response (0 = no pain and 10 = worst pain ever)

0 1 2 3 4 5 6 7 8 9 10

9. Did you mostly sleep in a single or shared room?

1☐ Single 2☐ Shared 3☐ Don't know

10. Overall, how would you rate the quality of your sleep in hospital?

1☐ Poor 2☐ Average 3☐ Good 4☐ Don't know

11. Were you given medication to help you sleep in hospital?

1☐ Yes 2☐ No 3☐ Don't know

12. Did you feel well rested when you left hospital?

1☐ Yes 2☐ No 3☐ Don't know

13. Did you feel your dietary requirements were met in hospital?

1☐ Yes 2☐ No 3☐ Don't know

- **If no, please specify** _____

14. Was there water always in your reach? 1☐ Yes 2☐ No 3☐ Don't know

15. Overall, how would you rate the quality of the food in hospital?

1☐ Poor 2☐ Average 3☐ Good

16. During your stay in hospital did you discuss your medications with a health care provider?

1☐ Yes 2☐ No 3☐ Don't know

- **If yes, was this person a (tick all that apply):**

☐ Pharmacist ☐ Doctor ☐ Nurse ☐ Physiotherapist ☐ Other (specify) _____

☐ I don't know

17. If you answered yes to the previous question, did discussing your medications help you to:

	Yes	No	Don't know
a. Better understand what your medications are for?	1☐	2☐	3☐
b. Feel more confident about taking you medications?	1☐	2☐	3☐
c. Take your medications?	1☐	2☐	3☐

18. As a result of your stay in the hospital did you feel you were:

	Same or less	Better	Much better	Not applicable
a. Able to cope with life	0☐	1☐	2☐	0☐
b. Able to understand your condition	0☐	1☐	2☐	0☐
c. Able to cope with your condition	0☐	1☐	2☐	0☐
d. Able to keep yourself healthy	0☐	1☐	2☐	0☐
e. Confident about your health	0☐	1☐	2☐	0☐
f. Able to help yourself	0☐	1☐	2☐	0☐

D. When you got home from hospital

1. **Do you recall being given information about who to contact if you became unwell after discharge?**

1☐ Yes 2☐ No 3☐ Don't know

2. If yes, who were you instructed to contact?

1☐ Surgeon 2☐ Nurse at hospital 3☐ GP 4☐ Emergency Department

5☐ Other (specify) _____

3. Did you go to the Emergency Department within 30 days of your discharge following surgery?

1☐ Yes 2☐ No 3☐ Don't know

4. If yes to the above, why did you seek help (choose one or more of the following)

1☐ Pain 2☐ Wound problems 3☐ Fall 4☐ Other (specify) _____

5. Were you readmitted to hospital within 30 days of your discharge following surgery?

1☐ Yes 2☐ No 3☐ Don't know

E. General Practice questions

1. Do you have a GP Practice that you consider your regular general practice?

1☐ Yes 2☐ No 3☐ Don't know

- **If yes, do you usually see the same doctor at that practice?**

1 ☐ Yes always 2 ☐ Usually but it is not always possible 3 ☐ It depends on the problem I have

4 ☐ I see anyone - it doesn't make a difference to me

2. Do you make regular appointments to see your GP?

1☐ Yes, I make regular appointments 2☐ No, I only see the GP if I feel unwell

3☐ Both, regular appointments and when I am unwell 4☐ Neither, I avoid the GP

3. Have you and your GP discussed a plan of how you will manage your health conditions?

1☐ Yes 2☐ No 3☐ Don't know

4. When you were being discharged from the hospital when were you advised to see a GP next?

1☐ Within 1 week 2☐ 2-3 weeks 3☐ 4-6 weeks 4☐ Don't know

5. What is the usual waiting time for you to see your GP when you ring for an appointment?

1☐ Same day 2☐ Within a couple of days 3☐ Within a week 4☐ 1-2 weeks 5☐ >2 weeks

6. How soon after surgery did you actually see your GP?

1☐ Within 1 week 2☐ 2-3 weeks 3☐ 4-6 weeks 4☐ Don't know

7. When you saw your GP, did he/she know that you had been in hospital?

1☐ Yes 2☐ No 3☐ Don't know

8. After you were discharged from the hospital did you attend the rehabilitation programme or physiotherapist recommended by your surgeon?

1☐ Yes 2☐ No 3☐ Don't know 4☐ I don't recall being advised to attend either of these

- **If yes, did you first attend within 5 days of discharge?**

1☐ Yes 2☐ No - within 2 weeks 3☐ No - within 4 weeks 4 ☐ Don't know

- **If yes, for how long did you attend?**

1☐ One week 2☐ 2 weeks 3☐ 3 weeks 4☐ 4 weeks 5☐ More than 4 weeks

F. About you (Please tick <u>one</u> box for each question)

1. What is your date of birth? _____ (DD/MM/YYYY)

2. What is your gender? 1☐ Male 2☐ Female 3☐ Other

3. What is your: Height _____ cm or inches Weight _____ kg or lbs

4. Are you of Aboriginal or Torres Strait Islander origin?

1☐ Aboriginal 2☐ Torres Strait Islander 3☐ Aboriginal and Torres Strait Islander
4☐ Neither Aboriginal or Torres Strait Islander

5. Do you speak a language other than English at home?

1 ☐ Yes (specify) _____ 2 ☐ No

6. What is your current living situation?

1☐ I live alone
2☐ I live with my partner, husband/ wife
3☐ I live with a friend
4☐ I live with my children
5☐ Other (please describe) _____

7. What is the highest qualification you have completed?

1☐ No school certificate or other qualifications
2☐ School or intermediate certificate (or equivalent)
3☐ Year 12 or leaving certificate (or equivalent)
4☐ Trade/apprenticeship (e.g. hairdresser, chef)
5☐ Certificate/diploma (e.g. child care, technician)
6☐ University degree or higher

8. What is your country of birth? _____

If you would like to make any comments please provide them in the space below

_____

_____

_____

_____

_____

Thank you for completing this survey!

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