

Survey of your lived experiences as a patient and of those of your family caregivers throughout your hospitalisation during the COVID-19 pandemic. (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 throughout 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:

- An advanced medical 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. Did you feel safe throughout your hospital stay? (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)

Totally unsafe

Totally safe

1	2	3	4	5	6	7	8	9	10
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6. **How serious do you think the COVID-19 pandemic is?**

Not at all serious	Not very serious	Slightly serious	Serious	Very serious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **The following questions are about the trust you felt in your physicians and nurses throughout your hospital stay 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 that this is the way it is, 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 on 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 real 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

8. 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.

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

We sincerely thank you for your participation.

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