

# Surgery Patient Education Guide Evaluation Form

Please take 5 minutes to tell us what you think about this guide. When you are done, please send your form to: Attn: Patient Education Program, Patient & Family Library, Toronto Western Hospital, 1<sup>st</sup> Floor, West Wing, 399 Bathurst St, Toronto, ON, M5T 2S8

## Part 1: About you

These questions will help us gather information to better serve the needs of our patients.

You can answer some or all the questions.

**1. You are:** Female  Male  Other

**2. What is your age?**

Under 25  25 to 30  30 to 39  40 to 49  50 to 59  60 to 69  70 to 79  80 or over

**3. What is the highest level of education you have completed?**

Grade school  High school  College/University

**4. How confident do you feel when filling out medical forms by yourself?**

Very  Quite a bit  Somewhat  A little bit  Not at all

**5. What language do you prefer to speak?** English  Other (Which one?):

\_\_\_\_\_

**6. What is your marital status?**

Single, Never Married  Married  Separated  Divorced  Widowed

Other: \_\_\_\_\_

## Part 2: How you used this guide

These questions are about your surgery and the surgery guide.

**1. What surgery did you have?** \_\_\_\_\_

**2. Where did you have your surgery?**

Toronto General Hospital  Toronto Western Hospital  Princess Margaret Cancer Centre

**3. Where did you get your guide?**

In my surgeon's clinic  In the Pre-Admission Clinic

On the nursing unit after my surgery  From the surgery guide website

Other: \_\_\_\_\_

**4. Which do you prefer?**

I prefer this guide with the plastic cover and all pages (hard copy)

I prefer this guide in an electronic format that can be downloaded from a website

**5. Did someone from your health care team (for example, a surgeon or a nurse) talk to you about reading the information in your guide?**

Yes  No  Not sure

**6. Did you read the information in your guide to help you prepare for your surgery and, to help yourself after your surgery?**

Read the whole guide  Read part of the guide  Did not read at all

If you did not use your guide, please tell us what stopped you from using it?

\_\_\_\_\_

**7. Did your health care team add more information about your care into your guide during your hospital stay (for example, brochures or information sheets)?**

Yes  No  Not sure

**8. Did your health care team use the guide with you during your hospital stay (for example, to go over what to expect during your surgery and recovery time, or to help you learn more about your exercises, medications, or your discharge plan etc.)?**

Yes  No  Not sure

### Part 3: Did you get any extra education?

These questions are about other information you may have been given.

**1. Did you get any extra education about your surgery from other sources?**

Yes  No  Not sure

If yes, which source? Check all that apply:

My health  
care team  
members

Internet

Books

Brochures  
and  
pamphlets

Videos

A support  
group

I visited the  
Patient & Family  
library

Other:  

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**2. Was there any information that you would have liked that was not in your guide?**

Yes  No  Not sure

If yes, please tell us what you would have liked to see in your guide:  

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### Part 4: How did the guide help you?

Please answer all these questions by circling one number:

**1. The language in the guide was simple to understand.**

I strongly disagree  
0

I disagree  
1

Not sure  
2

I agree  
3

I strongly agree  
4

**2. The information in the guide helped me understand what to expect during and after my surgery.**

I strongly disagree  
0

I disagree  
1

Not sure  
2

I agree  
3

I strongly agree  
4

**3. The guide helped me to prepare for my clinic and hospital visits and to ask good questions.**

I strongly disagree  
0

I disagree  
1

Not sure  
2

I agree  
3

I strongly agree  
4

**4. The information in my guide helped me feel less anxious about my surgery.**

I strongly disagree  
0

I disagree  
1

Not sure  
2

I agree  
3

I strongly agree  
4

**5. The guide helped me to care for myself when I went home after my surgery.**

I strongly disagree  
0

I disagree  
1

Not sure  
2

I agree  
3

I strongly agree  
4

If you agree or strongly agree to question 5, please tell us how the guide helped you at home:  

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Other comments:  

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**Thank you for filling out this evaluation.**