



ANZCA and FPM CPD Program

Patient experience survey (diving and hyperbaric medicine) – summary form

The administrator uses this form to summarise and de-identify the patient experience survey responses from individual patients.

Provide the only copy of this completed form to the anaesthetist and delete this file from your records.

Please confidentially destroy the individual response forms after you have collated them into this summary; do not provide them to the anaesthetist.

Administrator's name: _____

Administrator's role and place of work: _____

Date of form completion: _____

Hyperbaric physician's name: _____

Number of completed survey forms: _____

For the questions below, record the number of patient responses in the allocated boxes.

for the answers 'yes or no' and 'rating from 1 to 5', where:



1 is poor



5 is excellent

Summary of patient genders							
Age	18-24	25-34	35-44	45-54	55-64	65-74	75 or older
Responses							
1. Did you feel you had a thorough consultation?			Yes		No		
2. Did you feel like you had time to ask your hyperbaric physician questions before your treatment?			Yes		No		
If yes, how well were those questions answered?			1	2	3	4	5
Responses							
Comments							

3. Did you understand the information about your hyperbaric treatment that was given to you before your consultation?	Yes		No		
If yes, how useful did you find the information?	1	2	3	4	5
Responses					
Comments					
4. Did you feel like your hyperbaric physician listened to you?	Yes		No		
Comments					
5. Did you feel rushed?	Yes		No		
Comments					
6. Did you feel scared or anxious before your treatment?	Yes		No		
If yes, how well did your hyperbaric physician manage your fear and anxiety?	1	2	3	4	5
Responses					
Comments					

7. If you had a positive experience, please tell us about it.

Comments

8. If you had a negative experience, please tell us about it.

Comments

9. Do you have any suggestions about how your care could have been improved?

Comments