

Information Transfer PRO-PM Survey Instrument

Introduction

This is a brief survey that should take you 5 minutes.

You are receiving this survey because you recently had a procedure at [Facility Name]. Either before or after your operation you should have been given information about what to do during your recovery process. We would like to know if this information was easy-to-follow.

Your survey responses will help your doctors and hospital improve the quality of care they provide. Your responses are completely anonymous, neither your name nor any other identifying information will be shared with your doctor or hospital. This survey can be filled out by you or your caregiver.

Information Took Into Account My Needs

The information you got about your recovery considered:

1.) Your health needs (for example: medical conditions, pain management, treatment preferences, etc.)

- ☐ Yes
- ☐ Somewhat
- ☐ No

2.) Your personal situation (for example: transportation needs, insurance coverage, financial status, etc.)

- ☐ Yes
- ☐ Somewhat
- ☐ No

Medications

How clear was the following information about your recovery:

3.) Why you should take any new medications

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply

4.) Possible side effects of new medications

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply

5.) When to stop any medications

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply

Daily Activities

How clear was the following information about your recovery:

6.) Changes to your diet

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply

7.) Changes to physical activities, including exercise.

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply

8.) When you could return to work

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply

9.) When you could drive

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Does not apply