



Type of Surgery: HIP	Date: _____
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Orthopaedic Rapid Recovery Programme Patient Feedback Questionnaire (Post Op)

Please take a few minutes before you go home to fill in this questionnaire. It is very important to us that we hear your views on your experience as a joint replacement patient at our hospital. Your feedback is invaluable in helping us to gauge how we are doing as we strive to deliver a first class service. It is also your feedback that helps us to identify how we may improve our service.

PLEASE RATE THE FOLLOWING:	Poor	Fair	Good	Very Good	Excellent
How would you rate your initial appointment with your Consultant?					
How would you rate your overall experience of the pre-assessment clinic appointment/s?					
How would you rate your hospital stay?					
How would you summarise your experience of your joint replacement from start to finish?					

	YES	NO
Did you find the patient information guide useful?		
Did attending Joint School help to reduce your anxiety about your operation?		
Did you feel you were treated with dignity and respect by all healthcare professionals?		
Do you feel appropriate steps were taken to control your pain?		
Were you happy with the physiotherapy you received to get you moving and walking after your operation?		
Did your inpatient stay go as you expected it to?		
Are you confident about going home?		
Would you recommend our joint replacement service to a friend?		

COMMENT