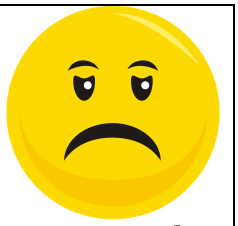
Outpatient Hysteroscopy - Patient Experience Questionnaire

We aim to offer all women an excellent service, and we are constantly looking for ways to improve. In order to help us give women a better service, we would value your opinions about your experience during and after your treatment today.

1. **Pain during the procedure**- Please place a mark (x) on the line shown below to indicate how much pain you experienced during the procedure. One end of the line represents "no pain at all" while the other represents "as much pain as you can possibly imagine".

 **No Pain**		 **Worst Pain Ever**

2. **Pain on discharge from hospital** Please place a mark (x) on the line shown below to indicate how much pain you were experiencing on discharge from hospital. One end of the line represents "no pain at all" while the other represents "as much pain as you can possibly imagine".

 **No Pain**		 **Worst Pain Ever**

3. Would you describe the procedure as?

Totally acceptable	☐	Generally acceptable	☐
Fairly acceptable	☐	Unacceptable	☐

Patient Number Procedure

Outpatient Hysteroscopy - Patient Experience Questionnaire

4. Did you find the exposure required made you feel uncomfortable?

No	☐	Yes, moderately	☐
Yes, a little	☐	Yes, extremely	☐

5. If a friend had a similar problem, would you recommend this procedure?

Yes	☐	No	☐

6. If you had the same problem again, would you have the same treatment?

Yes	☐	No	☐

7. **Looking back would you still have chosen the same procedure?**

Yes	☐	No	☐

8. Did you find the side effects following the procedure acceptable?

No	☐	Yes, moderately	☐
Yes, a little	☐	Yes, extremely	☐

9. Did you find the date and time of your appointment acceptable?

Yes	☐	No	☐

10. Did you find your privacy and dignity was catered for?

Yes	☐	No	☐

Please give any comments about your experience:

Patient Number Procedure