





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	<hr style="border: 1px solid black; width: 500px; margin: 20px auto;"/>	 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	<hr style="border: 1px solid black; width: 500px; margin: 20px auto;"/>	 Worst Pain Ever
---	---	---

3. **Would you describe the procedure as?**

Totally acceptable

Generally acceptable

Fairly acceptable

Unacceptable

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: