## **Supplementary Material**

## Evaluating patient experience and healthcare utilisation in cytoreductive surgery and hyperthermic intraperitoneal chemotherapy

Adrian Siu<sup>A,B,\*</sup> (BPharm (Hons), MD, MS, Clinical Associate Lecturer), Daniel Steffens<sup>A,B</sup> (BPhty (Hons), PhD, Associate Professor, Director of SOuRCe), Nabila Ansari<sup>A,C</sup> (MBBS, FRACS, Colorectal Surgeon), Sascha Karunaratne<sup>A,B</sup> (BHlthSci (Hons)/MPhty, Research Manager), Henna SolankiA (BMedSc (Hons), Research Officer), Nima Ahmadi<sup>A,C</sup> (MBBS, BSC (Med) Hons, MS, FRACS, Colorectal Surgeon), Michael Solomon<sup>A,B,C</sup> (MBBCH BAO (Hons), DMed, FRACS, Colorectal Surgeon, Founder and Head of SOuRCe, Professor) and Cherry Koh<sup>A,B,C</sup> (MBBS (Hons), MS, PhD, FRACS, Colorectal Surgeon, Associate Professor)

<sup>&</sup>lt;sup>A</sup>Surgical Outcomes Research Centre (SOuRCe), PO Box M 157, C/O Royal Prince Alfred Hospital, Missenden Road, Camperdown, NSW 2050, Australia

<sup>&</sup>lt;sup>B</sup>Faculty of Medicine and Health, Central Clinical School, The University of Sydney, Sydney, NSW, Australia

<sup>&</sup>lt;sup>C</sup>Department of Colorectal Surgery, Royal Prince Alfred Hospital, Sydney, NSW, Australia

<sup>\*</sup>Correspondence to: Email: adriansiu7@hotmail.com

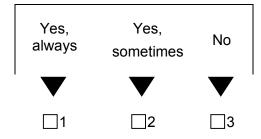
## **Your Experience**

The following questions ask about your experience of care while you were in hospital for treatment for peritoneal malignancy. This information will help us better understand what is working well and where we need to improve our service. Please mark an  $\boxtimes$  in the one box that best describes your answer.

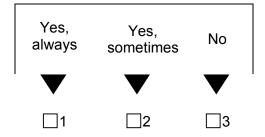
15. Overall, how would you rate the care you received while in hospital?



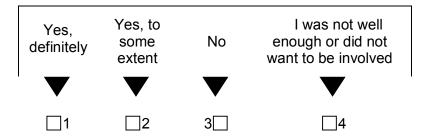
16. Did you feel you were treated with respect and dignity while you were in hospital?



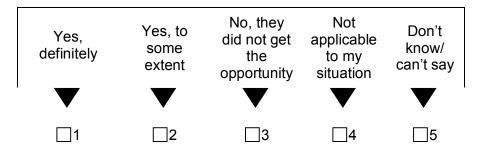
17. Did the health professionals explain things in a way you could understand?



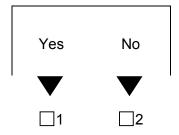
18. Were you involved, as much as you wanted to be, in decisions about your care and treatment?



19. If your family or someone else close to you wanted to talk to a doctor, did they get the opportunity to do so?

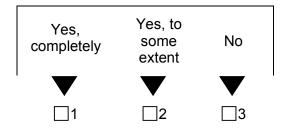


20. Did you have worries or fears about your condition or treatment while in hospital?

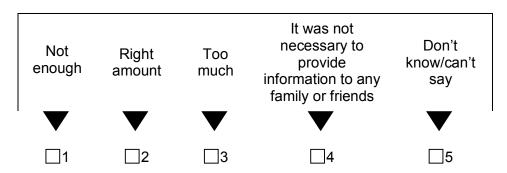


If yes, answer question 21. If No, go to question 22.

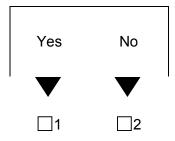
21. Did a health care professional discuss your worries or fears?



22. How much information about your condition or treatment was given to your family, carer or someone close to you?

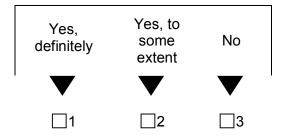


23. Were you ever in pain while in hospital?



If yes, answer question 24. If No, go to questions 25.

24. Do you think the hospital staff did everything they could to help manage your pain?



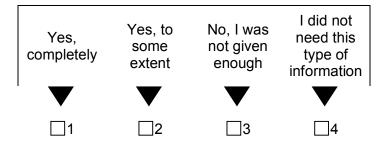
25. If you needed assistance, were you able to get a member of staff to help you within a reasonable time frame?

All of the time	Most of the time	Some of the time	Rarely	Never	You did not need assistance
<b>□</b> 1	<u> </u>	□3	<u></u> 4	□5	□6

26. How clean were the toilets and bathrooms that you used while in hospital?

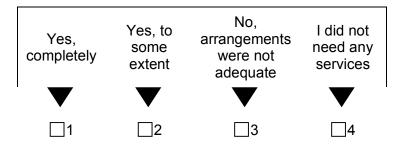
Very clean	Fairly clean	Not very clean	Not at all clean
<u> </u>	<u>2</u>	□3	<b>□</b> 4

27. Thinking about when you left hospital, were you given enough information about how to manage your care at home?





28. Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?



29. How would you rate how well the doctors and nurses worked together?

Very good	Good	Neither good nor poor	Poor	Very poor
		lacksquare		
<b>□</b> 1	<b>□</b> 2	□3	<u></u> 4	□5

Your Healthcare		
	use of health care services since your hon. If you prefer, you can answer these	
80. Since being discharged from ho	ospital, how many times have you:	Number of times (If none, please write '0')
a) Seen a GP (for any reason)?		
<ul> <li>Attended a hospital emergency dep</li> </ul>	partment?	
e) Been admitted to hospital?		
31. Since being discharged from ho	ospital, have you had any treatment?	If so, please specify:
32. If you have been re-admitted to the following details:	o hospital since being discharged fro	om hospital, please provid
a) Reason for admission:		
b) Name of the hospital:		
<ul><li>b) Name of the hospital:</li><li>c) Total number of days in hospital:</li></ul>		

33. Since being discharged from hospital, have you seen any of the	Number of times		
following health professionals in person and/or spoken to them on the telephone (please do not count any contact while admitted to hospital as an inpatient): (If none, please write '0')		Spoken to them on telephone	
a) Surgeon			
b) Other specialist doctor (e.g. physician, cardiologist, gastroenterologist, medical oncologist, radiation oncologist)			
c) Senior hospital nurse (e.g. clinical nurse consultant or care coordinator)			
d) Other hospital-based health professional (e.g. physiotherapist, stoma therapist, occupational therapist, psychologist, counsellor, social worker, dietician)			
e) Community nurse			
f) Other(s) (e.g. dietitian, physiotherapist, etc).			
(i) Please specify:			
(ii) Please specify:			
(iii) Please specify:			
ssistance at home			
34. Since being discharged from hospital, how many hours did you (If none, please write '0')	ı receive:	Number of hours	
a) Home help (e.g. assistance with cooking, cleaning, gardening) that you PAID fo	or		
<b>b)</b> Home help (e.g. assistance with cooking, cleaning, gardening) that was <b>UNPAI</b> assistance	D		
c) Community nursing			
d) Care from family or friends			
inancial Issues			
Thinking about PAID work since being discharged from hospital:			
35. How many days off work have you needed in total since you were disc days (if you are not in paid work please write '0')	charged fro	m hospital	
36. Which of the following statements best reflects your experience (please tides of line of line). I have returned to work at reduced hours.  ☐ I have returned to my normal work hours. ☐ I have not returned to work.	ck one box o	only) <b>?</b>	

Thinking about <b>UNPAID</b> work and activities (e.g. voluntary work, community activities, caring responsibilities) since being discharged from hospital:	
37. How many days away from UNPAID work/activities have you needed in total since you were discharged from hospital? days	
<ul> <li>38. Which of the following statements best reflects your experience (please tick one box only)?</li> <li>☐ I have returned to unpaid work/activities at reduced hours.</li> <li>☐ I have returned to my normal unpaid work/activities hours.</li> <li>☐ I have not returned to unpaid work/activities.</li> </ul>	
For the remaining questions, please consider the period since your surgery (about 6 weeks).	
39. Have financial costs prevented you from taking up any referrals to health professionals, or purchasing medications or medical items?  □ No □ Yes	
If <u>YES</u> , please list the health professionals, medications and/or medical items you haven't seen / purchased:	
40. Have travelling distances prevented you from taking up any referrals to health professionals?  □ No □ Yes  If <u>YES</u> , please list the health professionals you haven't seen:	
41. Have financial costs prevented you from using support services (e.g. home help)? □ No □ Yes	
If <u>YES</u> , please list the support services you haven't been able to use:	
42. Have any OTHER aspects of your care (e.g. travel, accommodation) caused you financial difficulties?  □ No □ Yes	
If <u>YES</u> , please list them:	