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Supplementary Material

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

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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 ☒ in the one box that best describes your answer.

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

Very good	Good	Neither good nor poor	Poor	Very poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

Yes, always	Yes, sometimes	No
☐1	☐2	☐3

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

Yes, always	Yes, sometimes	No
☐1	☐2	☐3

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

Yes, definitely	Yes, to some extent	No	I was not well enough or did not want to be involved
☐1	☐2	3☐	☐4

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

Yes, definitely	Yes, to some extent	No, they did not get the opportunity	Not applicable to my situation	Don't know/ can't say
☐1	☐2	☐3	☐4	☐5

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

Yes	No
☐1	☐2

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

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

Yes, completely	Yes, to some extent	No
☐1	☐2	☐3

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

Not enough	Right amount	Too much	It was not necessary to provide information to any family or friends	Don't know/can't say
☐1	☐2	☐3	☐4	☐5

23. Were you ever in pain while in hospital?

Yes	No
☐1	☐2

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?

Yes, definitely	Yes, to some extent	No
☐1	☐2	☐3

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
☐1	☐2	☐3	☐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
☐1	☐2	☐3	☐4

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

Yes, completely	Yes, to some extent	No, I was not given enough	I did not need this type of information
☐1	☐2	☐3	☐4

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

Yes, completely	Yes, to some extent	No, arrangements were not adequate	I did not need any services
☐1	☐2	☐3	☐4

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

Very good	Good	Neither good nor poor	Poor	Very poor
☐1	☐2	☐3	☐4	☐5

Your Healthcare

These next questions ask about your use of health care services since your hospital discharge. We will use this information for economic evaluation. If you prefer, you can answer these questions by phone.

30. Since being discharged from hospital, how many times have you:	**Number of times** *(If none, please write '0')*
a) Seen a GP (for any reason)?	
b) Attended a hospital emergency department?	
c) Been admitted to hospital?	

31. Since being discharged from hospital, have you had any treatment? If so, please specify:

____

____

32. If you have been re-admitted to hospital since being discharged from hospital, please provide the following details:

a) Reason for admission:	
b) Name of the hospital:	
c) Total number of days in hospital:	

33. Since being discharged from hospital, have you seen any of the 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')*	Number of times	
	Visited them in person	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:		

Assistance at home

34. Since being discharged from hospital, how many hours did you receive: *(If none, please write '0')*	**Number of hours**
a) Home help (e.g. assistance with cooking, cleaning, gardening) that you **PAID** for	
b) Home help (e.g. assistance with cooking, cleaning, gardening) that was **UNPAID** assistance	
c) Community nursing	
d) Care from family or friends	

Financial Issues

Thinking about PAID work since being discharged from hospital:

35. How many days off work have you needed in total since you were discharged from hospital?
________ days (*if you are not in paid work please write '0'*)

36. Which of the following statements best reflects your experience (*please tick one box only*)**?**

☐ I have returned to work at reduced hours.
☐ I have returned to my normal work hours.
☐ I have not returned to work.

Thinking about **UNPAID** 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

38. Which of the following statements best reflects your experience (*please tick one box only*)?

☐ I have returned to unpaid work/activities at reduced hours.
☐ I have returned to my normal unpaid work/activities hours.
☐ I have not returned to unpaid work/activities.

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 YES, *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 YES, *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 YES, *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 YES, *please list them:*