

**Protocol for a Patient-Reported Experience Measures (PREMS) survey of patients discharged during the COVID-19 pandemic and their family caregivers. (from 27 February to 11 May)****PART 1****1. Personal information** (please complete and tick)

- Year of birth: .....
- Sex: ☐ Female ☐ Male ☐ Other
- Marital status: ☐ Married ☐ Single ☐ Divorced/Separated
- Do you live alone? ☐ Yes ☐ No
- What is your highest level of education?
  - ☐ Compulsory schooling ☐ High school (and/or an apprenticeship)
  - ☐ Higher studies
- Was a family member (and/or family caregiver) involved during your hospitalisation?
  - ☐ Yes ☐ No

If yes, and you agree, the questions on pages 7 and 8 should be filled in by your family caregiver and then returned in the same envelope as your answers.

**2. Date of hospital admission** (day/month): .....**3. Date of hospital discharge** (day/month): .....**4. Please tick the different hospital departments that you attended during your hospitalisation:**

- ☐ A first aid post (e.g. a tent outside the hospital)
- ☐ Emergency department
- ☐ Medical care department
- ☐ Surgery department
- ☐ Psychiatry department
- ☐ Gynaecology/maternity department
- ☐ Continuous care unit
- ☐ Intensive care unit
- ☐ Rehabilitation unit
- ☐ I don't know

**5. Were you hospitalised because of an infection by COVID-19?**

- ☐ Yes ☐ No ☐ I don't know

**6. How did you perceive the information you received about the COVID-19 pandemic during your hospitalisation?** (please tick one box only)

- ☐ Totally inadequate
- ☐ Inadequate
- ☐ Slightly inadequate

- ☐ No opinion (neutral)
- ☐ Just adequate enough
- ☐ Adequate
- ☐ Very adequate

7. **How would you rate the hospital's communication?** (please tick one box only)

Poor	Passable	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **With regards to the information that you needed during your hospitalisation, which of the subjects below were the most important to you?** (please tick a maximum of 3 boxes)

- ☐ COVID-19's means of transmission
- ☐ COVID-19's incubation time (the time between infection and the appearance of the first symptoms)
- ☐ COVID-19's symptoms
- ☐ The preventive measures to avoid contracting COVID-19
- ☐ The risks of contracting COVID-19
- ☐ The risks of falling severely ill
- ☐ COVID-19 treatments
- ☐ I did not need any other information
- ☐ Other: .....

9. **Did you feel safe during your hospitalisation?** (please tick a number between 1 and 10 to give your opinion on your feelings of safety, with 10 being that you felt totally safe and 1 being that you felt totally unsafe)

Totally unsafe

Totally safe

1	2	3	4	5	6	7	8	9	10
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10. **How serious do you think the COVID-19 pandemic is?**

Not at all serious	Not very serious	Slightly serious	Serious	Very serious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **The following questions are about the trust you felt in your physicians and nurses throughout your hospitalisation during the pandemic situation.**

Tick the box which best corresponds to your answer to each question.

- a) I doubt that the health-care staff really cares about me as a person.  
☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree
- b) The health-care staff is usually considerate of my needs and makes them a priority.  
☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

c) I have a lot of trust in health-care staff, and I always try to follow their advice.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

d) If health-care staff tell me something, then it must be true.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

e) I sometimes distrust health-care staff's opinions and like to get a second opinion.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

f) I trust health-care staff's judgement about my medical care.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

g) I feel that health-care staff do not do everything they should concerning my medical treatments.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

h) Health-care staff are experts in the management of medical problems like mine.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

i) I trust that health-care staff will tell me if a mistake has been made in my treatment.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

j) I am sometimes afraid that health-care staff will not keep the information we discuss confidential.

☐ Totally disagree ☐ Disagree ☐ No opinion ☐ Agree ☐ Totally agree

**12. Were you aware that psychological support was available to you during your hospitalisation?**

☐ Yes ☐ No

**13. Did you receive any psychological support during your hospitalisation?**

☐ Yes ☐ No ☐ I don't know

**If you did benefit from psychological support, were you satisfied with that service?**

Not at all satisfied	Not very satisfied	Satisfied	Very satisfied	Extremely satisfied
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Do you think that you still need psychological support today?**

☐ Yes      ☐ No      ☐ I don't know

**14. Did your health problem, combined with your hospitalisation during a period when the canton of Valais was facing a pandemic, cause you to feel stressed?**

Please respond to the following 10 questions as spontaneously as possible.

In the last month, how often:	Never	Almost never	Sometimes	Fairly often	Very often
1. Have you been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you felt nervous or stressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you felt confident in being able to face up to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you felt that things were going the way you wanted them to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you felt overwhelmed by all of the things that you had to get done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you felt capable of managing the problems you encounter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you felt that you were functioning to the best of your capacities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you felt annoyed because events were outside of your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you felt that your difficulties were so enormous that you could not control them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. Was there anything missing or lacking from your hospital discharge?**

☐ No      ☐ Yes      If yes, please describe what:

.....

**16. Do you still have any physical or other symptoms linked to an infection with COVID-19?**

☐ No      ☐ Yes      If yes, please describe which ones:

.....

.....

**17. Do you have any improvements to suggest?**

.....  
.....  
.....

We sincerely thank you for your participation.

Please return this questionnaire in the attached stamped, addressed envelope.

**PART 2**

This part of the questionnaire should be filled in by the person who acted as your **close family caregiver** during your hospitalisation. If you did not have family members directly involved during your hospitalisation, please leave this section blank.

**18. Were you able to visit your relation in hospital?**

- ☐ Yes
- ☐ No

**If not, how did you manage to maintain contact with your relation?** (you may tick more than one box)

- ☐ Telephone with the patient
- ☐ Telephone with professional caregivers
- ☐ Email
- ☐ Other: .....

**If not, did this affect you?** (please tick one answer only)

- ☐ I was not affected
- ☐ I was slightly affected
- ☐ No opinion
- ☐ I was moderately affected
- ☐ I was very affected

**19. How did you perceive the information you received about the COVID-19 pandemic during your relation's hospital stay?** (please tick one box only)

- ☐ Totally inadequate
- ☐ Inadequate
- ☐ Slightly inadequate
- ☐ No opinion (neutral)
- ☐ Just good enough
- ☐ Adequate
- ☐ Very good

**20. How would you rate communication with the staff?** (please tick one box only)

- ☐ Poor
- ☐ Passable
- ☐ Good
- ☐ Very good
- ☐ Excellent

21. **With regards to the information needed during your relation's hospitalisation, which of the subjects below were the most important to you?** (please tick a maximum of 3 boxes)

- ☐ COVID-19's means of transmission
- ☐ COVID-19's incubation time (the time between infection and the appearance of the first symptoms)
- ☐ COVID-19's symptoms
- ☐ The preventive measures to avoid contracting COVID-19
- ☐ The risks of contracting COVID-19
- ☐ The risks of falling severely ill
- ☐ COVID-19 treatments
- ☐ I did not need any other information
- ☐ Other: .....

22. **As a close family caregiver, how did the hospital staff treat you?**

(please tick one box only)

- ☐ I was not taken into consideration at all
- ☐ I was moderately taken into consideration
- ☐ I was fully taken into consideration

23. **How serious do you think the COVID-19 pandemic is?**

Not at all serious	Not very serious	Slightly serious	Serious	Very serious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Would you like to add any comments about your experience of your relation's hospitalisation during the pandemic?**

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.....  
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We sincerely thank you for your participation.