**Figure 1 Patient and Family Survey Questions (Supplemental Digital Content)**

**Patient Satisfaction Survey Questions**

Instructions to participants:

In the following questions, please identify the best response that reflects your views:

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Number |  | Date of Interview |  |
|  |
| Did you contact the Trauma Service during your admission | * Yes
* No
 |
| If so, please can you explain what the reason was for contacting the Trauma Service |  |
| **Satisfaction with Care** |
| How satisfied were you with how often the Trauma Service communicated to you about your condition? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied where you with the way that the Trauma Service provided links to other services for you such as Social work, Physiotherapy, Occupational Therapists, Dietician etc? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| **Information Needs** |
| How satisfied were you with how well the Trauma Service staff provided you with explanations that you understood? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied were you with how well the Trauma Service staff informed you of what was happening to you and why things were being done? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied were you with how well the Trauma Service staff demonstrated courtesy, respect and compassion to you? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied are you with how well the Trauma Service staff provided consistent information? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| Did you contact the Trauma Service since your discharge? | * Yes
* No
 |
| If so, please can you explain what the reason was for contacting the Trauma Service |  |
| How satisfied are you with the discharge information you were provided with? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair

5 Poor |
| Please can you add any comments or suggestions that you feel may be helpful to the staff of this hospital |  |

**Family Satisfaction Survey Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Number |  | Date of Interview |  |

Instructions to participants:

Please answer the following questions to help us know a little about your relationship to the patient:

Are you:

* Male
* Female

Do you live with the patient?

* Yes
* No

If no, where do you live?

* Gold Coast
* Out of Town

You are the patients:

* Wife
* Husband
* Partner
* Mother
* Father
* Sister
* Brother
* Daughter
* Son
* Other (please specify) …………

In the following questions, please identify the best response that reflects your views:

|  |  |
| --- | --- |
| Did you contact the Trauma Service during your admission | * Yes
* No
 |
| If so, please can you explain what the reason was for contacting the Trauma Service |  |
| **Satisfaction with Care** |
| How satisfied were you with how often the Trauma Service communicated to you about your relatives’ condition? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied where you with the way that the Trauma Service provided links to other services for your relative such as Social work, Physiotherapy, occupational therapists, dietician etc? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| **Information Needs** |
| How satisfied were you with how well the Trauma Service staff provided you with explanations about your relative’s condition that you understood? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied were you with how well the Trauma Service staff informed you of what is happening to your relative and why things are being done? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied were you with how well the Trauma Service staff demonstrated courtesy, respect and compassion to your relative? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| How satisfied are you with how well the Trauma Service staff provided consistent information? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| Did you contact the Trauma Service since your relative’s discharge? | * Yes
* No
 |
| If so, please can you explain what the reason was for contacting the Trauma Service. |  |
| How satisfied are you with the discharge information you were provided with? | * 1 Excellent
* 2 Very Good
* 3 Good
* 4 Fair
* 5 Poor
 |
| Please can you add any comments or suggestions that you feel may be helpful to the staff of this hospital |  |