

## APPENDIX 1

Patient satisfaction survey used in this study. SA = “Strongly agree”; A = “Agree”; D = “Disagree”; SD = “Strongly disagree”; NA = “Not applicable”

### Head and neck surgery patient satisfaction survey

Please circle the answer which best describes your experience with your head and neck surgical procedure.

1. I received adequate education to care for myself at home after my surgical procedure  
SA    A    D    SD
2. I was able to care for the drain without any problems  
SA    A    D    SD
3. I was able to care for my incision without any problems  
SA    A    D    SD    NA
4. I knew how to monitor for potential problems  
SA    A    D    SD
5. After the procedure, I was comfortable caring for myself at home  
SA    A    D    SD
6. I knew how to call the doctor or hospital in case there were any problems  
SA    A    D    SD
7. I was able to manage my pain without any problems  
SA    A    D    SD
8. Would additional time in the hospital affect your responses to the above questions?  
YES                      NO

If answered “YES” to question 8, please circle all the reasons why you responded “YES”

- a. I was uncomfortable caring for the drain
- b. I was uncomfortable caring for the incision
- c. I was uncomfortable caring for myself at home after surgery
- d. I was not able to manage my pain
- e. I did not receive enough education to care for myself
- f. I was not sure how to monitor for problems
- g. I was not sure how to call the hospital or doctor for any problems
- h. I do not have a specific reason, but would have preferred to stay overnight
- i. Other \_\_\_\_\_.