Parent Bronchoscopy Questionnaire

- 1) Were the reasons / indications for the bronchoscopy clearly explained?
- 2) Was the procedure and possible complications clearly explained?
- 3) How did you feel when you were told your child need a bronchoscopy?
- 4) Were you anxious / nervous about your child having a bronchoscopy?
 - a. Scale 0-5 (0 not at all anxious, 5 extremely anxious)
 - b. What particular part of the process were you most anxious / nervous about?
- 5) Did your child understand they were going to have a bronchoscopy?
- 6) How do you think your child felt about needing to have a bronchoscopy?
- 7) How much time off nursery / school did you child have to take for the bronchoscopy?
 - a. If so, how much?
- 8) Did you and / or your partner have to take any time off work due to the bronchoscopy?
 - a. If so, how much?
- 9) Were there any other financial implications of the bronchoscopy?
- 10) Did you child experience any side effects after the bronchoscopy?
- 11) How long did it take for your child to fully recover from the bronchoscopy?
- 12) Were the results of the bronchoscopy clearly explained?
- 13) If the results of the bronchoscopy required treatment, was there any delay in this being started?
- 14) Is there anything that could have been done to improve you 'patient journey'?
- 15) Overall how satisfied were you with the paediatric bronchoscopy service? (rate 0-5)