

How did it go when you tried to put our plan into action?
<ul style="list-style-type: none"> • Would you say you did all of it, part of it, or none of it?
<i>If all or part of it:</i>
<ul style="list-style-type: none"> • What were the results? Did it help with the problem?
<ul style="list-style-type: none"> • When did you do it? How did you remind yourself?
<ul style="list-style-type: none"> • Did anyone else notice this change?
<i>If part of it, also ask:</i>
<ul style="list-style-type: none"> • What part were you able to do?
<ul style="list-style-type: none"> • How did you decide to do that part and not the other part?
<i>If none of it:</i>
<ul style="list-style-type: none"> • What got in the way?
<ul style="list-style-type: none"> • What do you think we need to do different this time?

Figure 9.11. Questions for assessing patient experience with plan implementation.