

Your experience of hospital care

WHAT IS THIS QUESTIONNAIRE ABOUT?

This survey is about your most recent experience as an inpatient on {INSERT WARD NAME/NUMBER} at {INSERT TRUST NAME}.

WHO SHOULD COMPLETE THE QUESTIONNAIRE?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his / her point of view – not the point of view of the person who is helping.

COMPLETING THE QUESTIONNAIRE

For each question please cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Please **do not** write your name or address anywhere on the questionnaire.

QUESTIONS OR HELP?

If you have any queries about the questionnaire, please call our helpline number:

<Insert helpline number here>

Taking part in this survey is voluntary. Your answers will be treated in confidence.



Please remember, this questionnaire is about your **most recent** stay at the hospital named in the accompanying letter.

ADMISSION TO HOSPITAL

1. Was your most recent hospital stay planned in advance or an emergency?

- 1 Emergency or urgent → Go to 2
- 2 Waiting list or planned in advance → Go to 5
- 3 Something else → Go to 2
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2. When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)?

- 1 Yes → Go to 3
- 2 No → Go to 5
-

3. While you were in the A&E Department, how much information about your condition or treatment was given to you?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 I was not given any information about my treatment or condition
- 5 Don't know / can't remember
-

4. Were you given enough privacy when being examined or treated in the A&E Department?

- 1 Yes, definitely → Go to 7
- 2 Yes, to some extent → Go to 7
- 3 No → Go to 7
- 4 Don't know / can't remember → Go to 7
-

5. When you were referred to see a specialist, were you offered a choice of hospital for your **first hospital appointment**?

- 1 Yes
- 2 No, but I would have liked a choice
- 3 No, but I did not mind
- 4 Don't know / can't remember
-

6. In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / can't remember

YOUR CARE AND TREATMENT

7. While you were in hospital did the doctors and nurses ask you what name you prefer to be called by?

- 1 Yes, all of them did
- 2 Only some of them did
- 3 None of them did

8. When you had important questions to ask a **doctor**, did you get answers that you could understand?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had no need to ask

9. When you had important questions to ask a **nurse**, did you get answers that you could understand?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had no need to ask

10. In your opinion, did the members of staff caring for you work well together?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / can't remember

11. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

12. Did you have confidence in the decisions made about your condition or treatment?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

13. How much information about your condition or treatment was given to **you**?

- 1 Not enough
- 2 The right amount
- 3 Too much

14. Did you find someone on the hospital staff to talk to about your worries and fears?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I had no worries or fears

15. Did you get enough help from staff to eat your meals?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need help to eat meals

16. When you needed help with washing, did you get it when you needed it?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, I did not get help when I needed it
- 4 I did not need help from staff

17. Were you ever bothered by noise **at night** from **hospital staff**?

- 1 Yes
- 2 No

18. How many minutes after you used the call button did it usually take before you got the help you needed?

- 1 0 minutes / right away
- 2 1-2 minutes
- 3 3-5 minutes
- 4 More than 5 minutes
- 5 I never got help when I used the call button
- 6 I never used the call button

22. Beforehand, were you told how you could expect to feel after you had the operation or procedure?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

23. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

OPERATIONS & PROCEDURES

19. During your stay in hospital, did you have an operation or procedure?

- 1 Yes → **Go to 20**
- 2 No → **Go to 24**

20. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not want an explanation

21. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any questions

OVERALL

24. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

25. During your time in hospital did you feel well looked after by hospital staff?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

LEAVING HOSPITAL

26. Did you feel you were involved in decisions about your discharge from hospital?

- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not want to be involved
-

27. Were you given enough notice about when you were going to be discharged?

- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
-

28. Were you given clear written information about what you should or should not do after leaving hospital?

- 1 Yes
 - 2 No
 - 3 Can't remember
-

29. Did hospital staff take your family or home situation into account when planning your discharge?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know / can't remember

30. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- 1 Yes
 - 2 No
 - 3 Don't know / Can't remember
-

31. Did a member of staff tell you about any danger signals you should watch for after you went home?

- 1 Yes, completely
 - 2 Yes, to some extent
 - 3 No
 - 4 It was not necessary
-

32. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)

- 1 Yes
- 2 No, but I would have liked them to
- 3 No, it was not necessary to discuss it

AFTER YOU LEFT HOSPITAL

33. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you at home?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No family or friends were involved
- 5 My family or friends did not want or need information
- 6 I did not want my family or friends to be given information

To what extent do you agree or disagree with the following statements.....?

34. When I left the hospital, I had all the information I needed to be able to take care of myself.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know / can't remember / not applicable

35. When I left the hospital, I clearly understood how to manage my health.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know / can't remember / not applicable

36. When I left the hospital, I clearly understood how to take each of my medications, including how much I should take and when.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know / can't remember/ not applicable

ABOUT YOU

Reminder: All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.

37. Are you male or female?

- 1 Male
 - 2 Female
-

38. What was your **year** of birth?

(Please write in) e.g.

1	9	3	4
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1	9	Y	Y
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.....

39. Who was the main person or people that filled in this questionnaire?

- 1 The **patient** (named on the front of the envelope)
 - 2 A **friend or relative** of the patient
 - 3 **Both** patient and friend/relative together
 - 4 The patient with the help of a health professional
-

40. Do you have any of the following long-standing conditions? (Cross ALL boxes that apply)

- 1 Deafness or severe hearing impairment → Go to 41
- 2 Blindness or partially sighted → Go to 41
- 3 A long-standing physical condition → Go to 41
- 4 A learning disability → Go to 41
- 5 A mental health condition → Go to 41
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → Go to 41
- 7 No, I do not have a long-standing condition → Go to 42

.....

41. Does this condition(s) cause you difficulty with any of the following? (Cross ALL boxes that apply)

- 1 Everyday activities that people your age can usually do
- 2 At work, in education, or training
- 3 Access to buildings, streets, or vehicles
- 4 Reading or writing
- 5 People's attitudes to you because of your condition
- 6 Communicating, mixing with others, or socialising
- 7 Any other activity
- 8 No difficulty with any of these

42. What is your ethnic group? (Cross ONE box only)

a. WHITE

- 1 English / Welsh / Scottish / Northern Irish / British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other White background, write in.....

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other Mixed / multiple ethnic background, write in.....

c. ASIAN / ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background, write in....

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background, write in.....

e. OTHER ETHNIC GROUP

- 17 Arab
- 18 Any other ethnic group, write in.....

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

Following this survey we would like to talk to some patients to gather more detailed information on their experiences.

Would you like to take part in the next stage of the study and talk with a researcher about your hospital experience?

- 1 Yes, I'd be happy to take part in a telephone interview
- 2 Yes, I'd be happy to take part in a face-to-face interview
- 3 No

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.
No stamp is needed.

If you do not have your FREEPOST envelope, please return the questionnaire to:

FREEPOST XXXX-XXXX-XXXX,
Address,
Address,
Address,
Address.