GUIDANCE ON DATA CLEANING FOR THE NHS ADULT INPATIENT SURVEY 2013

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

picker
Institute Europe

Last updated: 11th September 2013

Contacts

The Co-ordination Centre for the NHS Patient Survey Programme
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0BJ

Tel:　　　　01865 208127
Fax:　　　　01865 208101
E-mail:　　　acute.data@pickereurope.ac.uk
Website:　　www.nhssurveys.org

Authors

Sheena MacCormick
Nick Pothecary

Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Co-ordination Centre website at:

www.NHSSurveys.org

Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please contact the Co-ordination Centre using the details provided at the top of this page.

Contents

List of Figures

1 Introduction

At the end of fieldwork for the NHS Adult Inpatient Survey 2013, participating trusts and contractors will be required to submit data to the Co-ordination Centre in a raw ('uncleaned') format. Once the Co-ordination centre has received data from all participating trusts, the data must be cleaned. To ensure that the cleaning process is comparable across NHS trusts, data for all trusts in the survey are collated and cleaning is carried out on the full collated dataset.

This document provides a description and specification of the processes that will be used by the Co-ordination Centre to clean and standardise data submitted by contractors and trusts as part of the NHS Adult Inpatient Survey 2013. By following the guidance contained in this document, it should be possible to recreate this cleaning process.

If you have any comments or queries regarding this document please contact the Co-ordination Centre on 01865 208127, or e-mail us at acute.data@pickereurope.ac.uk.

1.1 Scope of this cleaning guide

For the 2013 inpatient survey, all trusts have the option to use either the 78 item core questionnaire or to use an extended questionnaire where additional questions of local relavance may be selected from a bank of validated questions and included in the survey in addition to the 78 core questions. Since the Co-ordination Centre only requires data to be submitted for the 78 core items, all cleaning undertaken by ourselves will involve only these core items. As such, this document only describes cleaning required for the core survey. Nonetheless, the rules and principles of data cleaning described here can be applied to data from an extended questionnaire.

1.2 Definition of key terms

Definitions of terms commonly used in this document, as they apply to the 2013 inpatient survey are as follows:

Raw/uncleaned data: 'Raw' or 'uncleaned' data is data that has been entered verbatim from completed questionnaires without any editing taking place to remove contradictory or inappropriate responses; thus, all response boxes crossed on the questionnaire should be included in the data entry spreadsheet[1] (see Section 2 for detailed guidance on creating raw data). The requirement for raw/uncleaned data does not, however, preclude the checking of data for errors resulting from problems with data entry or similar. Ensuring high data quality is paramount and errors resulting from data entry problems can and should be corrected by checking against the appropriate completed questionnaire.

Data cleaning: The Co-ordination Centre uses the term 'data cleaning' to refer to all editing processes undertaken upon survey data once the survey has been completed and the data has been entered and collated.

---

[1] Except where: a) multiple responses have been crossed - set these to missing (The exception to this is for any questions which ask respondents to 'Cross ALL boxes that apply', such as Q74 and Q75 where respondents may select more than one response option) b) year of birth has been entered in an incorrect format - if the patient's *intended* response is unambiguous from the questionnaire, then enter this. See Section 2 for more details on how data should be entered and coded.

Routing questions: These are items on the questionnaire which instruct respondents to either continue on to the next question or to skip past irrelevant questions depending on their response to the routing question. For the 2013 inpatient survey, the routing questions in the core questionnaire are Q1, Q2, Q12, Q38, Q41, Q46, Q51, Q55, Q65, and Q74.

Filtered questions: Items on the questionnaire that are not intended to be answered by all respondents are referred to as filtered questions. Whether individual respondents are expected to answer filtered questions depends on their responses to preceding routing questions. For the 2013 inpatient survey, the filtered questions in the core questionnaire are Q2 – Q4, Q5 – Q8, Q13, Q39, Q42 – Q48[1], Q52 – Q53, Q56 – Q58, Q66 and Q75.

Non-filtered questions: These are items in the questionnaire which are not subject to any filtering and which should therefore be answered by all respondents. For the 2013 national inpatient survey, the non-filtered questions are Q1, Q9 – Q12, Q14 – Q38, Q40 – Q41, Q49 – Q51, Q54 – Q55, Q59 – Q65, Q67 – Q74 and Q76-Q78.

Out-of-range data: This refers to instances where data within a variable has a value that is not permissible. For categorical data – as in the case of the majority of variables in this survey – this could be, for example, a value of '3' being entered for a variable that has only two response options (1 or 2). For scalar data – e.g. year of birth – data is considered to be out-of-range if it specifies a value that is not possible (for instance, year of birth as 983 or 2983). Out-of-range responses entered into the dataset should not be automatically (e.g. algorithmically) removed prior to submitting the data to the Co-ordination Centre (see Section 2).

Non-specific responses: This is a loose term for response options that can be considered as not being applicable to the respondent in terms of directly answering the specific question to which they are linked. Most commonly, these are responses such as "Don't know / can't remember", which indicate a failure to recall the issue in question. Likewise, responses that indicate the question is not applicable to the respondent are considered 'non-specific' – for example, responses such as "I did not have any food" or "I did not use any bathrooms". A full list of such responses for the 2013 inpatient survey can be found in Appendix B.

---

[1] The range Q42-Q48 includes an additional filter question within it - Q47.

2 Entering and coding data prior to submission

For the 2013 inpatient survey, trusts and contractors are required to submit raw ('uncleaned') data to the Co-ordination Centre. For clarification, raw data is created as follows:

i) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (e.g. where patients answer questions that they have been directed to skip past, these responses should still be entered).

ii) Where a respondent has selected more than one response category on a question, this question should be set to 'missing' for that person in the data (i.e. left blank, or coded as a full stop (.)). The exception to this is for the 'multiple response' questions (e.g. Q74 and Q75), where respondents may select more than one response option (See Section 3.3 below for details about how to enter responses to these types of questions).

iii) Where a respondent has crossed out a response, this should not be entered in the data (the response should be left blank, or coded as a full stop (.)). Where a respondent has crossed out a response and instead selected a second response option, the second choice should be entered into the data.

iv) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's *intended* response should be entered. For example, where a patient has written their *date* of birth in the boxes for Q73 (What was your year of birth), but written their *year* of birth in at the side of this, then the respondent's year of birth should be entered.

v) For the year of birth question (Q73), unrealistic responses should still be entered *except* following rule iv) above. For example, if a respondent enters '2013' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side.

vi) Once the data has been entered, no responses should be removed or changed in any way *except* where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must not be *automatically* removed from the dataset. Responses in the dataset should only be changed before submission to the Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

3 Editing/cleaning data after submission

3.1 Approach and rationale

The aim of the Co-ordination Centre in cleaning the data submitted to us is to ensure an optimal balance between data quality and completeness. Thus, we seek to remove responses that are known to be erroneous or inappropriate, but do this in a relatively permissive way so as to enable as many responses as possible to contribute to the overall survey results.

3.2 Dealing with filtered questions

Some of the questions included in the survey are only relevant to a subset of respondents, and in these cases filter instructions are included in the questionnaire to route respondents past questions that are not applicable to them. For example, people who select "No" to Q51 ("On the day you left hospital, was your discharge delayed for any reason?") are instructed to skip all further questions on delayed discharge (e.g. Q52 and Q53).

It is necessary to clean the data to remove responses where filter instructions have been incorrectly followed. In such cases, participants' responses to questions that were not relevant to them are deleted from the dataset. Responses are only deleted where respondents have answered filtered questions despite selecting an earlier response on a routing question instructing them to skip these questions. For example, if a respondent selects "No" to Q51 (i.e. their discharge was not delayed), but then answers the two subsequent questions about delayed discharge). Responses to filtered questions are not removed, however, where the response to the routing question is missing. For example, Q42-Q48 are applicable to those who had an operation or procedure and are filtered by the response to Q41 (e.g. they are answered if Q41=1 – the respondent did have an operation or procedure). If a respondent does not answer Q41, or if the response to Q41 is missing for any reason, then responses to Q42-Q48 should not be removed.

Figure 1, below, shows a summary of all routing questions, and the filtered questions they relate to, that are included in the 2013 inpatient survey. Please note that these instructions should be followed sequentially in order to be consistent with the procedures applied by the Co-ordination Centre.

Figure 1 – Cleaning instructions for filtered questions

ROUTING QUESTION			RESPONSE VALUES		FILTERED QUESTIONS
if	**Q1**	=	2	*then delete responses to:*	**Q2 – Q4**
if	**Q2**	=	1	*then delete responses to:*	**Q5 – Q8**
if	**Q2**	=	2	*then delete responses to:*	**Q3 – Q4**
if	**Q12**	=	1 OR 4	*then delete responses to:*	**Q13**
if	**Q38**	=	2	*then delete responses to:*	**Q39**
if	**Q41**	=	2	*then delete responses to:*	**Q42 – Q48**
if	**Q46**	=	2	*then delete responses to:*	**Q47**
if	**Q51**	=	2	*then delete responses to:*	**Q52 – Q53**
if	**Q55**	=	5	*then delete responses to:*	**Q56 – Q58**
if	**Q65**	=	2 OR 3	*then delete responses to:*	**Q66**
if	**Q74**	=	7	*then delete responses to:*	**Q75**

Please note that the instructions in the above table should be followed sequentially in the order shown above.

Please note that Q1 (which asks respondents whether their hospital stay was planned in advance or an emergency) should not be considered a routing question in the traditional sense. For example, responses to Q5-Q8 (the questions on planned admissions) must not be automatically removed if Q1=1 (i.e. the respondent indicates their hospital stay was an emergency or urgent). This is due to the fact that although patients responding "emergency or urgent" to Q1 are identifying themselves as emergency admissions, they may subsequently report *not* going to an Emergency Department as part of their admission (i.e. Q2=2) and in such cases will be instructed in the questionnaire to go to Q5. Thus not all respondents selecting 1 ('Emergency or urgent') for Q1 will be expected to skip Q5-Q8.

A worked example of the cleaning process for removing unexpected responses to filtered questions is included in Appendix A.

3.3 Dealing with multiple response questions

For most questions, each column in the final data file corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions (e.g. Q74 and Q75) where respondents are instructed to 'Cross ALL boxes that apply', each response option is treated as a separate question and hence the number of columns for these questions in the data file will correspond to the number of response options. (See Figure 2 below).

Figure 2 – Entering data for multiple response questions

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

1 ☒ Deafness or severe hearing impairment

2 ☐ Blindness or partially sighted

3 ☐ Long-standing physical condition

4 ☐ A learning disability

5 ☒ A mental health condition

6 ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

7 ☐ No, I do not have a long-standing condition

For each response option to this question code: **1 if the box is crossed**
0 if the box is not crossed[1]

Q74 takes up seven columns in the data file, labelled as follows:

Column headings	Q74_1	Q74_2	Q74_3	Q74_4	Q74_5	Q74_6	Q74_7
Codings for this example	1	0	0	0	1	0	0

[1] Please note: if a respondent does not answer any part of a multiple response question, (i.e. does not select any of the response options) then all columns for that question should be left blank or coded as a full stop (.)

As Figure 2 above shows, when entering data for Q74 each response option must be coded '1' or '0', depending on whether the response option is crossed or not crossed (any response options that are crossed should be coded '1', any not crossed coded as '0'). However, the last response to this question is an exclusive option. If a respondent selects option 7 to Q74 ("I do not have a long-standing condition"), options 1-6 should not have also been crossed; if they *have* been crossed, they will be recoded from '1' to '0' when the data is cleaned. The same applies for Q75: if response option 8 ("No difficulty with any of these") is crossed, options 1-7 should not have also been crossed; if they have been crossed they will be recoded from '1' to '0'. (See Figure 3 below).

Figure 3 – Cleaning data for multiple response questions

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

₁ ☒ Deafness or severe hearing impairment

₂ ☐ Blindness or partially sighted

₃ ☐ Long-standing physical condition

₄ ☐ A learning disability

₅ ☒ A mental health condition

₆ ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

₇ ☒ No, I do not have a long-standing condition

BEFORE CLEANING: Q74 is coded as follows:

Column headings	Q74_1	Q74_2	Q74_3	Q74_4	Q74_5	Q74_6	Q74_7
Codings for this example	1	0	0	0	1	0	1

AFTER CLEANING: Q74 is coded as follows:

Column headings	Q74_1	Q74_2	Q74_3	Q74_4	Q74_5	Q74_6	Q74_7
Codings for this example	0	0	0	0	0	0	1

When the data is cleaned, the responses to Q74_1 and Q74_5 are re-coded to '0' because option 7 ("No, I do not have a long-standing condition") has also been crossed.

3.4 Dealing with demographics

Basic demographic information, including age, sex, and ethnicity of patients is included in the sample section of the data, but the 'About You' section at the end of the questionnaire also asks respondents to provide this information. In a minority of cases, the information provided from the sample frame does not correspond with that provided by the respondent themselves – for example,

the sample data may identify an individual as male only for them to report being female (e.g. Q72=2).

Because of this, and because questions about demographics tend to produce relatively high item non-response rates, it is not appropriate to rely on either source of data alone for any kind of sub-group analyses (for example, if you wanted to examine the response to particular question by age, or ethnic group). Where responses to demographic questions are present, it is assumed these are more likely to be accurate than sample frame information (since it is assumed that respondents are best placed to know their own sex, age, and ethnic group)[1]. Where responses to demographic questions are missing, however, sample data are used in their place[2]. To do this, we first copy all valid responses to survey demographic questions into a new variable. Where responses are missing we then copy in the relevant sample information (note that for a very small number of patients demographic information may be missing in both the sample and response sections; in such cases data must necessarily be left missing in the new variable).

Certain demographic variables require special consideration during data cleaning:

Age (Q73)

A common error when completing the year of birth question is for respondents to accidentally write in the current year. Such responses will be set to missing during cleaning. Out-of-range responses will also be set to missing[3]. For the 2013 national inpatient survey, out-of range responses are defined as Q73≤1893 or Q73≥2013.

3.5 Usability and eligibility

Sometimes questionnaires are returned with only a very small number of questions completed. For the 2013 inpatient survey, questionnaires where fewer than five questions have been answered are considered 'unusable'. In such cases, the responses to the few questions that have been answered will be deleted and the outcome codes will be changed from a code of 1 ('returned useable questionnaire') to a code of 6 ('questionnaire not returned'). Please note that the number of responses per questionnaire is counted after all other cleaning[4]. This process should only affect a very limited number of cases, and so should not have a significant impact on response rates.

---

[1] Despite this assumption, please note that any respondent recorded as over the age of sixteen in the sample information, but who reports themselves as under the age of sixteen in their response to the survey, should *not* be considered as ineligible. This is because of the difficulty of inferring the source of errors when year of birth from sample and response sections are mismatched. We cannot be *certain* whether this mismatch occurs due to an error in the sample file, an error in the patient's completion of the questionnaire form, or an error in data entry. See section 3.5.

[2] The exception to this is when response rates are calculated. Because response rates vary between demographic groups (for instance young males are less likely to respond to the survey than other individuals), using response and sample data to calculate response rates would create a systematic source of bias in that we are only able to amend information for the *respondents*. Therefore, only the sample information should be used to calculate response rates by demographic groups.

[3] The majority of out-of range responses present in data relating to year of birth questions result from errors in data entry (for example, not keying one of the digits – so '1983' may become 983, 183, 193, or 198). In such cases it is important that the responses be checked against the completed questionnaire forms, and data corrected if necessary, **prior** to submission of data to the Co-ordination Centre.

[4] Please note that the multiple choice questions, Q74 and Q75 are only counted once. So for example, even if Q74_1 and Q74_4 are crossed, this would count as only one response for the purpose of determining if a questionnaire is usable.

Outcome codes for respondents will also be changed if respondents are believed to be under the age of sixteen and therefore ineligible for participation. Since the sample files for the survey are checked by the Co-ordination Centre prior to mailing, this is unlikely to affect more than a handful of cases throughout the survey, as patients coded as being aged under 16 will be identified and removed from the sample before the start of the survey. However, in situations where sample information on a respondent's year of birth is missing in the final data file, and their response to Q73 indicates that they are under 16 (specifically, if Q73>1997) then the outcome code for that patient should be recoded from 1 ('returned completed questionnaire') to 5 ('ineligible for participation in the survey'). If data on an individual's year of birth is missing from the sampling frame, but their response to Q73 indicates the respondent is over 16, outcome codes should remain as 1. If sample information indicates a patient is aged 16 or over, but this is contradicted by the patient's response, then the patient's survey outcome should also remain as 1. This is to avoid removing legitimate responses because of an overly conservative approach to assessing eligibility; in other words, where the patient's age is uncertain (because sample and response information contradict each other, and in different instances either of these may be accurate or inaccurate) the benefit of the doubt is given in any assessment of eligibility.

3.6 Missing responses

It is useful to be able to see the number of respondents who have missed each question for whatever reason. Responses are considered to be missing when a respondent is expected to answer a question but no response is present. For non-filtered questions, responses are expected from all respondents – thus any instance of missing data constitutes a missing response. For filtered questions, only respondents who have answered a previous routing question instructing them to go on to that filtered question or set of filtered questions are expected to give answers. Where respondents to the survey have missed a routing question, they are not expected to answer subsequent 'filtered' questions; thus only where respondents were explicitly instructed to answer filtered questions should such blank cells be coded as missing responses.

The Co-ordination Centre codes missing responses in the data with the value 999[1]. For results to be consistent with those produced by the Co-ordination Centre, missing responses should be presented, but should not be included in the base number of respondents for percentages.

3.7 Non-specific responses

As well as excluding missing responses from results, the Co-ordination Centre also removes non-specific responses from base numbers for percentages. The rationale for this is to facilitate easy comparison between institutions by presenting only results from those patients who felt able to give an evaluative response to questions. For a full listing of 'non-specific' responses in the 2013 national inpatient survey, please see Appendix B.

---

[1] This is an arbitrary value chosen because it is 'out-of-range' for all other questions on the survey.

Appendix A: Example of cleaning

Incorrectly followed routing

Figure 4, below, shows hypothetical raw/uncleaned data for eight sample members, five of whom have responded to the survey (Outcome = 1).

Figure 4 – Example 'raw'/'uncleaned' data

Record	Outcome	Q1	Q2	Q3	Q4
Patient Record Number	Outcome of sending questionnaire (N)	Was your most recent hospital stay planned in advance or an emergency?	When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions Unit)?	While you were in the A&E Department, how much information about your condition or treatment was given to you?	Were you given enough privacy when being examined or treated in the A&E Department?
IP13...0001	6				
IP13...0002	1	2	.	.	.
IP13...0003	1	1	1	1	2
IP13...0004	4				
IP13...0005	1	2	2	.	.
IP13...0006	6				
IP13...0007	1	2	1	2	1
IP13...0008	1	3	2	1	1

It can be seen from the data shown in Figure 4 that some of the respondents have followed filter instructions from routing questions incorrectly:

> Respondents 'IP13...0005' and 'IP13...0007' have reported that their admission to hospital was planned or from a waiting list (Q1=2), but have both responded to subsequent filtered questions which are only applicable to emergency patients (respondent 5 has answered the first filtered question (Q2) before skipping the remaining questions, whilst respondent 7 has answered Q2, Q3, and Q4).

By following the cleaning instructions detailed above in Section 3.2, these inappropriate responses will be removed. Firstly, the filter instructions listed in Figure 1 specify that:

if	**Q1**	=	2	*then delete responses to:*	**Q2 – Q4**

In accordance with this, all responses for Q2, Q3, and Q4 must be removed in cases where the respondent has crossed Q1=2 ('waiting list or planned in advance'). Looking in column Q1 of Figure 4 we can see that three respondents, 'IP13...0002', 'IP13...0005' and 'IP13...0007', have responded Q1=2, so any responses they gave to Q2, Q3 and Q4 need to be removed. This will lead to one response being removed for respondent 5 (Q2) and three responses being removed for respondent '7' (Q2, Q3, and Q4).

Figure 5 (below) shows how the data would look following cleaning by the Co-ordination Centre to remove responses to filtered questions that should have been skipped (shaded cells respresent cases where responses have been removed).

Figure 5 – Example cleaned data

Record	Outcome	Q1	Q2	Q3	Q4
Patient Record Number	Outcome of sending questionnaire (N)	Was your most recent hospital stay planned in advance or an emergency?	When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions Unit)?	While you were in the A&E Department, how much information about your condition or treatment was given to you?	Were you given enough privacy when being examined or treated in the A&E Department?
IP13...0001	6				
IP13...0002	1	2	.	.	.
IP13...0003	1	1	1	1	2
IP13...0004	4				
IP13...0005	1	2	.	.	.
IP13...0006	6				
IP13...0007	1	2	.	.	.
IP13...0008	1	3	2	1	1

Appendix B: Non-specific responses

The following table lists all 'non-specific responses' included in the 2013 inpatient survey. Please note that this table also includes items from the question bank which are not included in the core questionnaire. Numbers in the final column indicate the response options that should be considered non-specific. Where the 'non-specific responses' column contains only a dash, the relevant question has no such response options.

CORE	BANK	Question	Non-specific responses
Q1	A1	Was your most recent hospital stay planned in advance or an emergency?	-
	A2	Did you travel to the hospital by ambulance?	-
	A3	Were the ambulance crew reassuring?	4
	A4	Did the ambulance crew explain your care and treatment in a way you could understand?	4
	A5	Did the ambulance crew do everything they could to help control your pain?	4, 5
	A6	Overall, did the ambulance crew treat you with respect and dignity?	4
	A7	Once you had arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?	8
	A8	How well do you think the ambulance service and A&E staff worked together?	5
	A9	Overall, how would you rate the care you received from the ambulance service?	-
Q2	A10	When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions unit)?	-
Q3	A11	While you were in the A&E Department, how much information about your condition or treatment was given to you?	5
Q4	A12	Were you given enough privacy when being examined or treated in the A&E Department?	4
	A13	When you had important questions to ask doctors and nurses in the A&E Department, did you get answers that you could understand?	4
	A14	While you were in the A&E Department, did you have confidence and trust in the doctors and nurses examining and treating you?	-
	A15	While you were in the A&E Department, did doctors or nurses talk in front of you as if you weren't there?	-
	A16	While you were in the A&E Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	4
	A17	If you had any worries or fears about your condition or treatment, did a doctor or nurse discuss them with you?	4
	A18	Were hand-wash gels available for patients and visitors to use?	4
	A19	In your opinion, how clean was the A&E Department?	5
	A20	How clean were the toilets in the A&E Department?	5
	A21	Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?	-
	A22	Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?	6
Q5	A23	When you were referred to see a specialist, were you offered a choice of hospital for your **first hospital appointment**?	4

CORE	BANK	Question	Non-specific responses
Q6	A24	How do you feel about the length of time you were on the waiting list before your admission to hospital?	-
	A25	When you were told you would be going into hospital, were you given enough notice of your date of admission?	3
	A26	Were you given a choice of **admission dates**?	3
Q7	A27	Was your admission date changed by the hospital?	-
Q8	A28	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?	4
	A29	Before being admitted to hospital, were you given any printed information about **the hospital**?	-
	A30	Before being admitted to hospital, were you given any printed information about **your condition or treatment**?	-
	A31	Before you arrived at the hospital, were you told where you would have to go to be admitted?	5
	A32	Once you arrived at the hospital, was it easy to find your way to the **main reception**?	4, 5
	A33	Was it easy to find your way to the **ward**?	4, 5
	A34	Before you arrived at the hospital, did you know if a bed was definitely available for you?	5
	A35	Was it possible to find a convenient place to park in the hospital car park?	3, 4
	A36	How organised was the **admission process**?	-
Q9	A37	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	-
	A38	Did a member of staff explain why you had to wait?	4
	A39	How would you rate the courtesy of the staff who admitted you?	6
Q10	B1	While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	3
Q11	B2	When you were **first** admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?	-
	B3	When you were **first** admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?	-
Q12	B4	During your stay in hospital, how many wards did you stay in?	4
	B5	Did you mind being moved from one room or ward to another?	-
Q13	B6	**After you moved** to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	-
Q14	B7	While staying in the hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	4, 5
	B8	When you needed to use a toilet or bathroom, was there a suitable one located close by?	3, 4
	B9	When you needed help from staff getting to the bathroom or toilet, did you get it in time?	4
	B10	For **most** of your stay, what type of room or ward were you in?	-
	B11	When you reached the ward, did you get enough information about ward routines, such as timetables and rules?	4
	B12	Were you given enough privacy while you were on the ward?	-
	B13	Were you ever bothered by noise **during the day** from **other patients**?	-
	B14	Were you ever bothered by noise **during the day** from **hospital staff**?	-

CORE	BANK	Question	Non-specific responses
Q15	B15	Were you ever bothered by noise **at night** from **other patients**?	-
Q16	B16	Were you ever bothered by noise **at night** from **hospital staff**?	-
Q17	B17	In your opinion, how clean was the hospital room or ward that **you** were in?	-
Q18	B18	How clean were the toilets and bathrooms that **you** used in hospital?	5
	B19	How would you rate the courtesy of the **cleaning staff**?	6
Q19	B20	Did you feel threatened during your stay in hospital by other patients or visitors?	-
	B21	Did you have somewhere to keep your personal belongings whilst on the ward?	4, 5
	B22	Did staff wear name badges?	4
	B23	Did the staff treating and examining you introduce themselves?	4
	B24	Did you find it easy to find your way around the hospital?	4
	B25	If you needed help from a hospital porter to get around the hospital did you get it?	4
	B26	How would you rate the courtesy of the **hospital porters**?	6
	B27	Were the visiting times convenient for your friends and family?	4, 5
	B28	Were your visitors given enough information about visiting (e.g. visiting hours and rules)?	4, 5
Q20	B29	Were hand-wash gels available for patients and visitors to use?	4
	B30	Were you ever bothered by other patients' visitors?	-
Q21	B31	How would you rate the hospital food?	5
	B32	Was the hospital food appetising?	-
	B33	Was there healthy food on the hospital menu?	4
	B34	How much food were you given?	-
Q22	B35	Were you offered a choice of food?	-
	B36	Did you get the food you ordered?	4
	B37	Do you have any special dietary requirements (e.g. vegetarian, diabetic, food allergies)?	3
	B38	Was the hospital food suitable for your dietary needs?	4
	B39	Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc)?	3
	B40	Were you offered a replacement meal at another time?	4, 5, 6
Q23	B41	Did you get enough help from staff to eat your meals?	4
	B42	How would you rate the courtesy of the **catering staff**?	6
	C1	Was there one doctor in overall charge of your care?	3
Q24	C2	When you had important questions to ask a doctor, did you get answers that you could understand?	4
	C3	If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?	4
	C4	Did you feel you had enough time to discuss your care and treatment with a doctor?	-
Q25	C5	Did you have confidence and trust in the doctors treating you?	-
Q26	C6	Did doctors talk in front of you as if you weren't there?	-
	C7	If you ever needed to talk to a doctor, did you get the opportunity to do so?	4
	C8	How would you rate the courtesy of your doctors?	-
	C9	In your opinion, did the doctors who treated you know enough about your condition or treatment?	5
Q27	D1	When you had important questions to ask a nurse, did you get answers that you could understand?	4

CORE	BANK	Question	Non-specific responses
	D2	If you had any worries or fears about your condition or treatment, did a nurse discuss them with you?	4
Q28	D3	Did you have confidence and trust in the nurses treating you?	-
Q29	D4	Did nurses talk in front of you as if you weren't there?	-
Q30	D5	In your opinion, were there enough nurses on duty to care for **you** in hospital?	-
	D6	If you ever needed to talk to a nurse, did you get the opportunity to do so?	4
	D7	How would you rate the courtesy of your nurses?	-
	D8	In your opinion, did the nurses who treated you know enough about your condition or treatment?	5
Q31	E1	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	-
Q32	E2	Were you involved as much as you wanted to be in decisions about your care and treatment?	-
Q33	E3	How much information about your condition or treatment was given to **you**?	-
	E4	While you were in hospital, were you told your diagnosis (explanation of what was wrong with you)?	6
	E5	Was your diagnosis explained to you in a way that you could understand?	-
	E6	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	4, 5, 6
Q34	E7	Did you find someone on the hospital staff to talk to about your worries and fears?	4
Q35	E8	Do you feel you got enough emotional support from hospital staff during your stay?	4
	E9	Did you have to wear a hospital gown at any point during your stay in hospital?	3
	E10	Did you have to spend time in an area with other patients while wearing the gown?	4
Q36	E11	Were you given enough privacy when discussing your condition or treatment?	-
Q37	E12	Were you given enough privacy when being examined or treated?	-
Q38	E13	Were you ever in any pain?	-
	E14	When you had pain, was it usually severe, moderate, or mild?	-
	E15	During your stay in hospital, how much of the time were you in pain?	-
	E16	Did you ever request pain relief medication?	-
	E17	How many minutes after you requested pain relief medication did it usually take before you got it?	-
	E18	While you were in hospital, were you given any medicine to help with your pain (such as tablets, a spray, or pump) which you could decide when to take without having to ask hospital staff?	-
Q39	E19	Do you think the hospital staff did everything they could to help control your pain?	-
	E20	Overall, how much pain relief medication did you get?	-
Q40	E21	How many minutes after you used the call button did it usually take before you got the help you needed?	6
	E22	During your stay in hospital, did you have any tests, x-rays, or scans other than blood or urine tests?	-

CORE	BANK	Question	Non-specific responses
	E23	Were you told in advance when your tests, x-rays, or scans were going to take place?	4
	E24	Were your scheduled tests, x-rays or scans performed on time?	4
	E25	Did a member of staff explain why the scheduled tests were not performed on time?	3
	E26	Did a doctor or nurse explain the results of the tests in a way that you could understand?	4, 5
	E27	Before you received any treatments (e.g. an injection, dressing, physiotherapy) did a member of staff explain what would happen?	4, 5
	E28	Before you received any treatments (e.g. an injection, dressing, physiotherapy) did a member of staff explain any **risks and/or benefits** in a way you could understand?	4
	E29	Did you feel you could refuse any treatment that you did not agree with or did not want?	4, 5
	E30	Were medical students present when you were being treated or examined?	-
	E31	Were you asked for permission for medical students to be present when you were being treated or examined?	-
	E32	Were you upset because medical students were present?	-
Q41	F1	During your stay in hospital, did you have an operation or procedure?	-
Q42	F2	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	4
Q43	F3	Beforehand, did a member of staff explain what would be done during the operation or procedure?	4
Q44	F4	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	4
Q45	F5	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	-
	F6	Did you have **enough time** to discuss your operation or procedure with the consultant?	-
Q46	F7	Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?	-
Q47	F8	Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?	-
Q48	F9	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	-
Q49	G1	Did you feel you were involved in decisions about your discharge from hospital?	4
Q50	G2	Were you given enough notice about when you were going to be discharged?	-
	G3	Were your family or someone close to you given enough notice about your discharge?	4, 5
Q51	G4	On the day you left hospital, was your discharge delayed for any reason?	-
Q52	G5	What was the **MAIN** reason for the delay?	-
Q53	G6	How long was the delay?	-
	G7	Did a member of staff tell you how long the delay would be?	-
	G8	Did a member of staff explain the reason for the delay?	-
	G9	Where did you spend your time waiting to be discharged from hospital?	-
	G10	Before you left hospital, did the doctors and nurses spend enough time explaining about your health and care after you arrive home?	-

CORE	BANK	Question	Non-specific responses
Q54	G11	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	-
Q55	G12	Did a member of staff explain the **purpose** of the medicines you were to take at home in a way you could understand?	4,5
Q56	G13	Did a member of staff tell you about medication **side effects** to watch for when you went home?	4
Q57	G14	Were you told how to **take** your medication in a way you could understand?	4
Q58	G15	Were you given clear written or printed information about your medicines?	4, 5
Q59	G16	Did a member of staff tell you about any danger signals you should watch for after you went home?	4
Q60	G17	Did hospital staff take your family or home situation into account when planning your discharge?	4, 5
Q61	G18	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	4, 5
	G19	Did hospital staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	4
Q62	G20	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	3
Q63	G21	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?	3
Q64	G22	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)	3
	G23	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	4
	G24	Did hospital staff give you information about **voluntary and support groups** for people who have a similar condition in your local area?	4, 5
	G25	Did hospital staff give you information about any **government assistance**, such as benefits, tax breaks or home care, for people in your situation or with your condition?	4, 5
	G26	After leaving hospital, do you think you received enough care and assistance from health or social services?	4, 5
Q65	G27	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	3
Q66	G28	Were the letters written in a way that you could understand?	4
Q67	H1	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	-
	H2	Overall, were you treated with kindness and understanding while you were in the hospital?	-
Q68	H3	Overall...	-
Q69	H4	During your hospital stay, were you ever asked to give your views on the quality of your care?	3
Q70	H5	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	3
	H6	Did you want to complain about the care you received in hospital?	-
	H7	Did the hospital staff give you the information you needed to do this?	-

CORE	BANK	Question	Non-specific responses
	H8	During your hospital stay, do you feel that you were treated unfairly for any of the reasons below?	9
Q71	J1	Who was the main person or people that filled in this question?	-
Q72	J2	Are you male or female?	-
Q73	J3	What was your **year** of birth?	-
Q74	J4_1	I have a long-standing condition involving deafness or severe hearing impairment	-
Q74	J4_2	I have a long-standing condition involving blindness or partial sight	-
Q74	J4_3	I have a long-standing physical condition	-
Q74	J4_4	I have a long-standing condition involving a learning disability	-
Q74	J4_5	I have a long-standing mental health condition	-
Q74	J4_6	I have a long-standing condition involving an illness such as cancer, HIV, diabetes, CHD, or epilepsy	-
Q74	J4_7	I do not have a long-standing condition	-
Q75	J5_1	This condition causes me difficulty with everyday activities that people of my age can usually do	-
Q75	J5_2	This condition causes me difficulty at work, in education, or training	-
Q75	J5_3	This condition causes me difficulty with access to buildings, streets, or vehicles	-
Q75	J5_4	This condition causes me difficulty with reading or writing	-
Q75	J5_5	This condition causes me difficulty with people's attitudes to me because of my condition	-
Q75	J5_6	This condition causes me difficulty with communicating, mixing with others, or socialising	-
Q75	J5_7	This condition causes me difficulty with other activities	-
Q75	J5_8	This condition does not cause me difficulty with any of these	-
Q76	J6	What is your ethnic group?	-
Q77	J7	What is your religion?	-
	J8	Were your religious beliefs respected by the hospital staff?	4
	J9	Were you able to practice your religious beliefs in the way you want to in hospital?	4
Q78	J10	Which of the following best describes how you think of yourself?	-
	J11	How old were you when you left full time education?	-