

INPATIENT QUESTIONNAIRE

What is the survey about?

This survey is about your most recent experience as an INPATIENT at the National Health Service hospital named in the letter enclosed with this questionnaire.

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.

Who is carrying out the survey?

The survey is being carried out by an independent research organisation, Picker Institute Europe, on behalf of your local hospital.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked 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 cross out the mistake and put a tick 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 the Picker Institute Europe FREEPHONE helpline number: 0800 197 5273.



Your participation in this survey is voluntary. **Your answers will be treated in confidence.**

ADMISSION TO HOSPITAL

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

1. Were you admitted to the hospital as an emergency or after dialling 999, or was your admission from a waiting list or planned in advance?

- 1 Emergency/dialled 999/immediately referred **Go to 2**
- 2 Waiting list or planned in advance **Go to 7**

Emergency or immediately referred

2. How organised was the **care** you received in Accident & Emergency (or the Medical Admissions Unit)?

- 1 Not at all organised
- 2 Fairly organised
- 3 Very organised

3. While you were in Accident & Emergency (or the Medical Admissions Unit), did you get enough information about your medical condition and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I didn't want information

4. Following arrival at the hospital, how long did you wait before admission to a room or ward and bed?

- 1 Less than 1 hour **Go to 5**
- 2 At least 1 hour but less than 2 hours **Go to 5**
- 3 At least 2 hours but less than 4 hours **Go to 5**
- 4 At least 4 hours but less than 8 hours **Go to 5**
- 5 At least 8 hours but less than 12 hours **Go to 5**
- 6 12 hours or longer **Go to 5**
- 7 Can't remember **Go to 5**
- 8 I did not have to wait **Go to 10**

5. For most of the time, were you waiting in?

- 1 A cubicle
- 2 An open plan area
- 3 A corridor
- 4 Somewhere else
- 5 Can't remember

6. For most of the time, were you waiting on?

- 1 A bed **Go to 10**
- 2 A trolley **Go to 10**
- 3 A chair **Go to 10**
- 4 Something else **Go to 10**
- 5 Can't remember **Go to 10**

Waiting list or planned admission

7. How do you feel about the length of time you were on the waiting list before your admission to hospital?

- 1 I was admitted as soon as I thought was necessary
- 2 I should have been admitted a bit sooner
- 3 I should have been admitted a lot sooner

8. When you were told you would be going into hospital, were you given enough notice of your date of admission?

- 1 Yes, enough notice
2 No, not enough notice

9. Was your admission date changed by the hospital?

- 1 No
2 Yes, once
3 Yes, 2 or 3 times
4 Yes, 4 times or more

All types of admission

10. How organised was the admission process?

- 1 Not at all organised
2 Fairly organised
3 Very organised

11. Did you feel that you had to wait a long time to get to your room or ward and bed?

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

THE HOSPITAL AND WARD

12. During your stay in hospital, how many wards did you stay in?

- 1 1
2 2 - 4
3 5 or more

13. For **most** of your stay, what type of room or ward were you in?

- 1 A room by myself
2 A room with one other patient
3 A bay with 2-6 other patients, within a larger ward
4 A large, open-plan ward

14. During your stay in hospital, did you **ever** share a room or ward with patients of the opposite sex?

- 1 Yes
2 No

15. Were you ever bothered by noise at night? (tick all that apply)

- 1 No
2 Yes, from other patients
3 Yes, from hospital staff
4 Yes, from something else

16. In your opinion, how clean was the hospital room or ward that you were in?

- 1 Very clean
2 Fairly clean
3 Not very clean
4 Not at all clean

17. How clean were the toilets and bathrooms that you used in hospital?

- 1 Very clean
2 Fairly clean
3 Not very clean
4 Not at all clean
5 I did not use a toilet or bathroom

18. How would you rate the hospital food?

- 1 Very good **Go to 19**
- 2 Good **Go to 19**
- 3 Fair **Go to 19**
- 4 Poor **Go to 19**
- 5 I did not have any hospital food **Go to 20**

19. How much food were you given?

- 1 Too much
- 2 The right amount
- 3 Too little

DOCTORS

20. Was there one doctor in overall charge of your care?

- 1 Yes
- 2 No
- 3 Don't know

21. 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

22. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I didn't have anxieties or fears

23. Did doctors talk in front of you as if you weren't there?

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

NURSES

24. Was there one nurse in overall charge of your care?

- 1 Yes
- 2 No
- 3 Don't know

25. 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

26. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I didn't have anxieties or fears

27. Did nurses talk in front of you as if you weren't there?

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

YOUR CARE AND TREATMENT

28. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

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

29. Did you want to be more involved in decisions made about your care and treatment?

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

30. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No family or friends were involved
- 5 My family didn't want or need information
- 6 I didn't want my family or friends to talk to a doctor

31. Did you find someone on the hospital staff to talk to about your concerns?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I had no concerns

32. Were you given enough privacy when discussing your condition or treatment?

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

33. Were you given enough privacy when being examined or treated?

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

34. When you needed help from staff in eating your meals, did you get it at the time you needed it?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I didn't need help

35. During your stay in hospital, did doctors, nurses or other hospital staff ask your name and address more often than you thought should have been necessary?

- 1 Yes
- 2 No

36. During your stay in hospital, did you have any tests, x-rays or scans other than blood or urine tests?

- 1 Yes **Go to 37**
- 2 No **Go to 38**

37. Were your scheduled tests x-rays or scans performed on time?

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

PAIN

38. Were you ever in any pain?

- 1 Yes **Go to 39**
2 No **Go to 40**

39. Do you think the hospital staff did everything they could to help control your pain?

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

LEAVING HOSPITAL

40. Was your discharge delayed for any reason? (tick all that apply)

- 1 No
2 Yes, because of my health
3 Yes, I had to wait for medicines or drugs
4 Yes, I had to wait to see a doctor
5 Yes, I had to wait for an ambulance
6 Yes, another reason

41. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- 1 Yes, completely **Go to 42**
2 Yes, to some extent **Go to 42**
3 No **Go to 42**
4 I didn't need an explanation **Go to 42**
5 I had no medicines **Go to 43**

42. Did a member of staff tell you about medication side effects to watch for when you went home?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 I didn't need an explanation

43. Did someone tell you about what danger signals regarding your illness or treatment to watch for after you went home?

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

44. Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 No family or friends were involved
5 My family or friends didn't want or need information

45. Did hospital staff discuss with you whether you would need any health or social care services after leaving hospital? (e.g. district nurse, care assistant, physiotherapist or social worker)

- 1 Yes
2 No
3 It was not necessary to discuss it

OVERALL

46. 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

47. Overall, how would you rate the care you received?

- 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

48. Would you recommend this hospital to your family and friends?

- 1 Yes, definitely
2 Yes, probably
3 No

YOUR BACKGROUND

49. Are you male or female?

- 1 Male
2 Female

50. What is your date of birth? (please write in)

Day Month Year
 19

51. How old were you when you left full-time education?

- 1 16 years or less
2 17 or 18 years
3 19 years or over
4 Still in full-time education

52. To which of these ethnic groups would you say you belong? (**tick ONE only**)

a. WHITE

- 1 British
2 Irish
3 Any other White background
(please write in)

b. MIXED

- 4 White and Black Caribbean
5 White and Black African
6 White and Asian
7 Any other Mixed background
(please write in)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
9 Pakistani
10 Bangladeshi
11 Any other Asian background
(please write in)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
13 African
14 Any other Black background
(please write in)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
16 Any other (please write in)

EQ-5D Health Status Questionnaire

YOUR OWN HEALTH STATE TODAY

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.

Do not tick more than one box in each group

53. Mobility

- 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

54. Self-Care

- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

55. Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

56. Pain/Discomfort

- 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort

57. Anxiety/Depression

- 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

58. Overall, how would you rate your health during the past 4 weeks?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

OTHER COMMENTS

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

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.

Picker Institute Europe
FREEPOST (HA4409)
RUISLIP HA4 7BR