

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.

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 helpline number given in the letter enclosed with this questionnaire.

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 6
- 3 Something else
→ Go to 2

THE ACCIDENT & EMERGENCY DEPARTMENT

2. When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions unit)?

- 1 Yes → Go to 3
- 2 No → Go to 6

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

5. Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?

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

EMERGENCY & URGENTLY ADMITTED PATIENTS, now please go to Question 12

WAITING LIST & PLANNED ADMISSION PATIENTS, please continue to Question 6

WAITING LIST OR PLANNED ADMISSION

6. 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

7. Who referred you to see a specialist?

- 1 A doctor from my local general practice
- 2 Any other doctor or specialist
- 3 A practice nurse or nurse practitioner
- 4 Any other health professional (for example, a dentist, optometrist or physiotherapist)
- 5 Don't know / Can't remember

Thinking about the person who referred you to hospital...

8. Overall, from the time you first talked to this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?

- 1 Up to 1 month
- 2 1 to 2 months
- 3 3 to 4 months
- 4 5 to 6 months
- 5 More than 6 months
- 6 Don't know / Can't remember

9. 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

10. Were you given a choice of **admission dates**?

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

11. 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

12. 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?

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

THE HOSPITAL AND WARD

13. While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?

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

14. 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?

- 1 Yes → Go to 15
2 No → Go to 16

15. When you were **first** admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

- 1 Yes
2 No

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

- 1 1 → Go to 19
2 2 → Go to 17
3 3 or more → Go to 17
4 Don't know / Can't remember → Go to 19

17. **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?

- 1 Yes → Go to 18
2 No → Go to 19

18. **After you moved**, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

- 1 Yes
2 No

19. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

- 1 Yes
2 Yes, because it had special bathing equipment that I needed
3 No
4 I did not use a bathroom or shower
5 Don't know / Can't remember

20. Were you ever bothered by noise **at night** from **other patients**?

- 1 Yes
2 No

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

- 1 Yes
2 No

22. 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

23. 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

24. Did you feel threatened during your stay in hospital by other patients or visitors?

- 1 Yes
- 2 No

25. Did you have somewhere to keep your personal belongings whilst on the ward?

- 1 Yes, and I could lock it if I wanted to
- 2 Yes, but I could not lock it
- 3 No
- 4 I did not take any belongings to hospital
- 5 Don't know / Can't remember

26. Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?

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

27. Were hand-wash gels available for patients and visitors to use?

- 1 Yes
- 2 Yes, but they were empty
- 3 I did not see any hand-wash gels
- 4 Don't know / Can't remember

28. How would you rate the hospital food?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 I did not have any hospital food

29. Were you offered a choice of food?

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

30. 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

DOCTORS

31. 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

32. Did you have confidence and trust in the doctors treating you?

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

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

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

34. As far as you know, did doctors wash or clean their hands between touching patients?

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

NURSES

35. 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

36. Did you have confidence and trust in the nurses treating you?

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

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

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

38. In your opinion, were there enough nurses on duty to care for **you** in hospital?

- 1 There were always or nearly always enough nurses
- 2 There were sometimes enough nurses
- 3 There were rarely or never enough nurses

39. As far as you know, did nurses wash or clean their hands between touching patients?

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

YOUR CARE AND TREATMENTS

40. 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

41. 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

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

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

43. 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 did not want or need information
- 6 I did not want my family or friends to talk to a doctor

44. 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

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

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

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

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

47. Were you ever in any pain?

- 1 Yes → **Go to 48**
- 2 No → **Go to 49**

48. 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

49. 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

OPERATIONS & PROCEDURES

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

- 1 Yes → **Go to 51**
- 2 No → **Go to 58**

51. 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

52. Beforehand, did a member of staff explain what would be done during the operation or procedure?

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

53. 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

54. 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

55. Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

- 1 Yes → Go to 56
- 2 No → Go to 57

56. 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?

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

57. 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

LEAVING HOSPITAL

58. 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 need to be involved

59. On the day you left hospital, was your discharge delayed for any reason?

- 1 Yes → Go to 60
- 2 No → Go to 62

60. What was the **MAIN** reason for the delay? (Tick **ONE** only)

- 1 I had to wait for **medicines**
- 2 I had to wait to **see the doctor**
- 3 I had to wait for an **ambulance**
- 4 Something else

61. How long was the delay?

- 1 Up to 1 hour
- 2 Longer than 1 hour but no longer than 2 hours
- 3 Longer than 2 hours but no longer than 4 hours
- 4 Longer than 4 hours

62. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

- 1 Yes
- 2 No

63. 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 64**
- 2 Yes, to some extent → **Go to 64**
- 3 No → **Go to 64**
- 4 I did not need an explanation → **Go to 64**
- 5 I had no medicines → **Go to 67**

64. 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 did not need an explanation

65. Were you told how to **take** your medication in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to be told how to take my medication

66. Were you given clear written or printed information about your medicines?

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

67. 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

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

- 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

69. 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

70. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

- 1 Yes, I received copies → **Go to 71**
- 2 No, I did not receive copies → **Go to 72**
- 3 Not sure / Don't know → **Go to 72**

71. Were the letters written in a way that you could understand?

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

OVERALL

72. 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

73. How would you rate how well the doctors and nurses worked together?

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

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

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

75. During your hospital stay, were you ever asked to give your views on the quality of your care?

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

76. While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?

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

77. Did you want to complain about the care you received in hospital?

- 1 Yes
- 2 No

ABOUT YOU

78. Are you male or female?

- 1 Male
- 2 Female

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

(Please write in) e.g.

1	9	3	4
---	---	---	---

1	9	Y	Y
---	---	---	---

Your own health state today

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

80. Mobility

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

81. 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

82. 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

83. Pain / Discomfort

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

84. Anxiety / Depression

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

85. Do you have any of the following long-standing conditions? (Tick ALL that apply)

- 1 Deafness or severe hearing impairment → Go to 86
- 2 Blindness or partially sighted → Go to 86
- 3 A long-standing physical condition → Go to 86
- 4 A learning disability → Go to 86
- 5 A mental health condition → Go to 86
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → Go to 86
- 7 No, I do not have a long-standing condition → Go to 87

86. Does this condition(s) cause you difficulty with any of the following? (Tick ALL 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

87. 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 box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

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

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

OTHER COMMENTS

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

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Any other comments?

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.