

INPATIENT QUESTIONNAIRE

What is the survey about?

This survey is about your **most recent** experience as an **inpatient** at the NHS 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 their 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**

THE ACCIDENT & EMERGENCY DEPARTMENT

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

EMERGENCY & URGENTLY ADMITTED PATIENTS, now please go to Question 9

WAITING LIST & PLANNED ADMISSION PATIENTS, please continue to Question 5

WAITING LIST OR PLANNED ADMISSION

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. 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
7. 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

8. 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

ALL TYPES OF ADMISSION

9. 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 & WARD

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

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

11. While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

- 1 Yes
- 2 No

12. Did you change wards at night?

- 1 Yes, but I would have preferred not to → Go to 13
- 2 Yes, but I did not mind → Go to 13
- 3 No → Go to 14

13. Did the hospital staff explain the reasons for being moved in a way you could understand?

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

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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. Did you get enough help from staff to wash or keep yourself clean?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need help to wash or keep myself clean

18. If you brought your own medication with you to hospital, were you able to take it when you needed to?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had to stop taking my own medication as part of my treatment
- 5 I did not bring my own medication with me to hospital

19. How would you rate the hospital food?

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

20. Were you offered a choice of food?

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

21. 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

22. During your time in hospital, did you get enough to drink?

- 1 Yes
- 2 No, because I did not get enough help to drink
- 3 No, because I was not offered enough drinks
- 4 No, for another reason

DOCTORS

23. 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

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

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

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

- 1 Yes, often
2 Yes, sometimes
3 No

NURSES

26. 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

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

- 1 Yes, always
2 Yes, sometimes
3 No

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

- 1 Yes, often
2 Yes, sometimes
3 No

29. 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

30. Did you know which nurse was in charge of looking after you (this would have been a different person after each shift change)?

- 1 Yes, always
2 Yes, sometimes
3 No

YOUR CARE & TREATMENT

31. Did you have confidence and trust in any **other clinical staff** treating you (e.g. physiotherapists, speech therapists, psychologists)?

- 1 Yes, always
2 Yes, sometimes
3 No
4 I was not seen by any other clinical staff

32. 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

33. 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

34. 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

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

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

36. 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

37. 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

38. Do you feel you got enough emotional support from hospital staff during your stay?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need any emotional support

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

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

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

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

41. Were you ever in any pain?

- 1 Yes **→ Go to 42**
- 2 No **→ Go to 43**

42. 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

43. If you needed attention, were you able to get a member of staff to help you **within a reasonable time**?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want / need this

OPERATIONS & PROCEDURES

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

- 1 Yes **→ Go to 45**
- 2 No **→ Go to 48**

45. 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

46. 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

47. 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

48. 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

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

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

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

- 1 Yes **→ Go to 51**
- 2 No **→ Go to 53**

51. What was the **MAIN** reason for the delay? (**Cross ONE box 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

52. 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

53. Where did you go after leaving hospital?

- 1 I went home → Go to 54
- 2 I went to stay with family or friends → Go to 54
- 3 I was transferred to another hospital → Go to 55
- 4 I went to a residential nursing home → Go to 55
- 5 I went somewhere else → Go to 55

54. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but support would have been useful
- 4 No, but I did not need any support

55. When you left hospital, did you know what would happen next with your care?

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

56. 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

57. 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 58
- 2 Yes, to some extent → Go to 58
- 3 No → Go to 58
- 4 I did not need an explanation → Go to 58
- 5 I had no medicines → Go to 60

58. 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

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

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this
- 5 Don't know / can't remember

60. 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

61. 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

62. Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?

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

63. 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

64. 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?

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

65. 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

66. Was the care and support you expected available **when** you needed it?

- 1 Yes
- 2 No
- 3 I did not expect any further care or support after I was discharged

OVERALL

67. 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

68. Overall... (Please circle a number)

I had a very poor experience

I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?

- 1 Yes, and I agreed to take part
- 2 Yes, but I did not want to take part
- 3 No
- 4 Don't know / can't remember

70. 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

71. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?

- 1 Yes
- 2 No
- 3 Not sure / don't know

72. Did you feel well looked after by the **non-clinical** hospital staff (e.g. cleaners, porters, catering staff)?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not have contact with any non-clinical staff

ABOUT YOU

73. 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

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.

74. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1 Yes → **Go to 75**
- 2 No → **Go to 77**

75. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 Breathing problem, such as asthma
- 2 Blindness or partial sight
- 3 Cancer in the last 5 years
- 4 Dementia or Alzheimer's disease
- 5 Deafness or hearing loss
- 6 Diabetes
- 7 Heart problem, such as angina
- 8 Joint problem, such as arthritis
- 9 Kidney or liver disease
- 10 Learning disability
- 11 Mental health condition
- 12 Neurological condition
- 13 Another long-term condition

76. Do any of these reduce your ability to carry out day-to-day activities?

- 1 Yes, a lot
- 2 Yes, a little
- 3 No, not at all

77. Are you male or female?

- 1 Male
2 Female

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

(Please write in) e.g.

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

79. What is your religion?

- 1 No religion
2 Buddhist
3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
4 Hindu
5 Jewish
6 Muslim
7 Sikh
8 Other
9 I would prefer not to say

80. Which of the following best describes how you think of yourself?

- 1 Heterosexual / straight
2 Gay / lesbian
3 Bisexual
4 Other
5 I would prefer not to say

81. 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...**

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c. **ASIAN / ASIAN BRITISH**

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

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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...**

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OTHER COMMENTS

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

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

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.**

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

**FREEPOST XXXX-XXXX-XXXX,
Address,
Address,
Address,
Address,**

**If you have concerns about the care you or others have received please
contact CQC on 03000 61 61 61**