**COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING EASY READ QUESTIONNAIRE TO PATIENT.**

The availability of the Easy Read questionnaire will be signposted on the mailing letters and multi-language sheet, and administered at the request of the service user.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **Easy Read booklet** should be personalised. The booklet contains both the Easy Read cover letter and questionnaire.
2. The booklet should be posted to the service user alongside a **return envelope.** You can either use the Freepost address you have set up or include a stamped addressed envelope to a different processing address.
3. Please **log any Easy Read requests as** **ER\_requested** in the fieldwork monitoring spreadsheet.
4. At the time of the service user requesting the Easy Read, if it is likely they will receive a further mailing (e.g. due to mailing deadlines) it is worth making them aware this will happen, but that an Easy Read will also be sent to them.
5. If the service user does not take part in the survey, the code should be left as **ER\_requested** in the separate column (which is excluded from the response rate), and an outcome code 6 added.

**Processing the return:**

1. Manually enter **responses into the excel data entry** spreadsheet for Easy Read questionnaire responses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS logo CQC new_logo_CMYK   |  |  | | --- | --- | | **Survey number:** | **[INSERT HERE]** |   Social Work 3 | | |
| **Please tell us about the care you received from NHS adult inpatient services**  2024 | | |
| Easy Read Logo | Easy read version of the Adult Inpatient Survey 2024 | |
|  | | About this booklet |
|  | | We would like you to answer some questions about your last visit to hospital. |
| Improve | | Your answers will help hospitals to improve their services for patients. |
|  | | You can answer each question by putting a tick in the box next to the answer you want. |
|  | | You can ask somebody to help you read the questions and answer them if you want. |
| Thinking Right Wrong | | But they should **not** tell **you** which answer to pick, because we want to know what **you** think. |
|  | | You do not have to answer all the questions if you do not want to. |
|  | | Your answers are **private**. We will not use your name when we share what we have found out from all the answers we receive. |
|  | |  |



Private

|  |  |  |  |
| --- | --- | --- | --- |
|  | Your care and support | | |
|  | 1. At your last visit to hospital were you happy with how quickly you got a bed? | | |
| Good | | Happy | |
| OK | | OK | |
| Bad | | Unhappy | |
|  | | I do not know or cannot remember  **People** | |
|  | | 1. Did you feel the people who work at the hospital gave you the right care or treatment? | |
| Good | | Yes | |
|  | | Sometimes | |
| OK | |  | |
| Bad | | Not at all | |
|  | | I do not know or cannot remember | |
|  | | 1. Did the people who work at the hospital help you make decisions about your care? | |
| Good | | Yes | |
|  | | Sometimes | |
| OK | |  | |
| Bad | | Not at all  I do not know or cannot remember | |
|  | | | 1. Did people who work at the hospital treat you with respect?   Respect means that you accept somebody for who they are, even when they're different from you. |
| Good | | | Yes |
|  | | | Sometimes |
| OK | | |  |
| Bad | | | Not at all  I do not know or cannot remember |
|  | | | **Communication**   1. Did people who work at the hospital help you understand information about your care? |
| Good | | | Yes |
| OK | | | Sometimes |
| Bad | | | Not at all |
|  | | | I did not need this |
|  | | | I do not know or cannot remember |
|  | | | 1. Did people who work at the hospital listen to what you had to say? |
| Good | | | Yes |
| OK | | | Sometimes |
| Bad | | | Not at all |
|  | | | I did not need this |
|  | | | I do not know or cannot remember |

|  |  |  |
| --- | --- | --- |
|  | | **Caring**  **7**.During your care, you might have been in pain  Were you able to get help for your pain when you needed it? |
| Good | Yes | |
| OK | Sometimes | |
| Bad | Not at all | |
|  | I did not need this | |
|  | I do not know or cannot remember | |

|  |  |
| --- | --- |
|  | **8.** During your care, you might have needed help quickly  Were you able to get help when you needed it? |

|  |  |
| --- | --- |
| Good | Yes |
| OK | Sometimes |
| Bad | Not at all |
|  | I did not need this |
|  | I do not know or cannot remember |
|  | **9.** Did people who work at the hospital help you feel comfortable to talk to them about your worries and fears? |

|  |  |
| --- | --- |
| Good | Yes |
| OK | Sometimes |
| Bad | Not at all |
|  | I did not need this |
|  | I do not know or cannot remember |

|  |  |
| --- | --- |
|  | **10.** How do you feel about the care you were given? |

|  |  |
| --- | --- |
| Good | Happy |
|  | OK |
| OK |  |
| Bad | Unhappy |
|  | I do not know or cannot remember |

|  |  |
| --- | --- |
|  | Me woman**About you**  **11.** How would you describe your gender? |
|  | Male |
|  | Female |
|  | I do not want to say |
| Form Print Name | Other (please write down how you would describe yourself below) |
|  |  |

|  |  |
| --- | --- |
| Age | **12.** How old are you?  (Please write your age in years below.) |
|  |  |
|  | Anything else |
| A person with his hand on his chin  Description automatically generated | **13.** Would you like to tell us anything else about your **last visit to hospital**?  A hand holding a pen  Description automatically generated  Please write it below. |

|  |  |
| --- | --- |
| Inspectors Outstanding **Thank you** very much for answering these questions. | |
|  | When we have looked at all the answers from everyone, we will write a report about what we found and put it on our website at: [www.cqc.org.uk/surveys](http://www.cqc.org.uk/surveys).  We will take out any information that could identify you before making your answer public. But the NHS trust and the people (like CQC) you send these answers to will see your full answer. If your answer needs looking into, we may share it with the best person to help. |

|  |  |
| --- | --- |
| Peer Support | What to do with your answers |
| Cross NoFreepostStamp 1st | Please post your answers back in the FREEPOST envelope provided. No stamp is needed. |
| Postbox | If you do not have your FREEPOST envelope, please send your answers to <INSERT FREEPOST ADDRESS> |