NHS ADULT INPATIENT SURVEY

If you agree to take part in the survey, please complete the questionnaire and send it back in the FREEPOST envelope provided.

For each question, please cross [x] 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 that 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 [x] in the correct box.

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

Please remember, this questionnaire is about **your overnight stay** on the date and hospital named in the accompanying letter.

ADMISSION TO HOSPITAL

1 Was your most recent overnight hospital stay planned in advance or an emergency?

1 ☐ Waiting list or planned in advance
→ **Go to Q2**

2 ☐ Emergency or urgent
→ **Go to Q5**

3 ☐ Don't know / can't remember
→ **Go to Q5**

2 How did you feel about the length of time you were on the waiting list before your admission to hospital?

1 ☐ I did not mind waiting as long as I did

2 ☐ I would like to have been admitted a bit sooner

3 ☐ I would like to have been admitted a lot sooner

4 ☐ Don't know / can't remember

3 While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed?

1 ☐ It got much better

2 ☐ It got a bit better

3 ☐ It stayed about the same

4 ☐ It got a bit worse

5 ☐ It got much worse

6 ☐ Don't know / can't remember

4 How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?

This includes verbal, written or online information.

1 ☐ Very good

2 ☐ Fairly good

3 ☐ Neither good nor poor

4 ☐ Fairly poor

5 ☐ Very poor

6 ☐ I was not given any information

5 How long do you feel you had to wait to get to a bed on a ward, after you arrived at the hospital?

1 ☐ I did not have to wait
→ **Go to Q7**

2 ☐ I had to wait, but not for too long
→ **Go to Q6**

3 ☐ I had to wait a bit too long
→ **Go to Q6**

4 ☐ I had to wait far too long
→ **Go to Q6**

5 ☐ Don't know / can't remember
→ **Go to Q6**

6 **Before you were admitted onto a ward, were you asked to wait in any of the following locations within the hospital?**

Please cross ✗ in all the boxes that apply to you.

1. ☐ Treatment bay
2. ☐ Corridor / hallway
3. ☐ Storage room / cupboard
4. ☐ Waiting room
5. ☐ I waited somewhere else
6. ☐ No
7. ☐ Don't know / can't remember

THE HOSPITAL AND WARD

7 **Were you ever prevented from sleeping at night by any of the following?**

Please cross ✗ in all the boxes that apply to you.

1. ☐ Noise from other patients
2. ☐ Noise from staff
3. ☐ Noise from medical equipment
4. ☐ Hospital lighting
5. ☐ Discomfort from pain
6. ☐ Room temperature
7. ☐ Something else
8. ☐ I was not prevented from sleeping

8 **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
5. ☐ Don't know / can't remember

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

1. ☐ Yes, always
2. ☐ Sometimes
3. ☐ No, never
4. ☐ I did not need help

10 **Did you get enough help from staff to eat your meals?**

1. ☐ Yes, always
2. ☐ Sometimes
3. ☐ No, never
4. ☐ I did not need help to eat meals
5. ☐ Not applicable

11 **Were you able to get hospital food outside of set mealtimes?**

This could include additional food if you missed set mealtimes due to operations / procedures or another reason.

1. ☐ Yes, always
2. ☐ Sometimes
3. ☐ No, never
4. ☐ I did not need this
5. ☐ Don't know / can't remember

12 **During your time in hospital, did you get enough to drink?**

Please cross ✗ in all the boxes that apply to you.

1. ☐ Yes
2. ☐ No, because I did not get enough help to drink
3. ☐ No, because I was not given enough to drink
4. ☐ No, for another reason
5. ☐ I had a hydration drip

13 **Were the people you most wanted to have with you able to visit you in hospital as much as you wanted?**

Please cross ✗ in all the boxes that apply to you.

1. ☐ Yes
2. ☐ No, they were restricted by visiting hours
3. ☐ No, there wasn't anywhere suitable for them to visit me
4. ☐ No, they were not able to visit for another reason
5. ☐ Not applicable

DOCTORS

In this section, please think about all the doctors who cared for you. For example, consultants, junior doctors, and surgeons. Please do not include doctors who cared for you in A&E.

14 **When you asked doctors questions, did you get answers you could understand?**

1. ☐ Yes, always
2. ☐ Sometimes
3. ☐ No, never
4. ☐ I did not have any questions
5. ☐ I did not feel able to ask questions

15 **Did you have confidence and trust in the doctors treating you?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

16 **When doctors spoke about your care in front of you, were you included in the conversation?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

NURSES

In this section, please think about all the nurses who cared for you. For example, nurses, nursing associates, clinical support workers, and healthcare assistants (HCAs). Please do not include nurses who cared for you in A&E.

17 **When you asked nurses questions, did you get answers you could understand?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never
4 ☐ I did not have any questions
5 ☐ I did not feel able to ask questions

18 **Did you have confidence and trust in the nurses treating you?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

19 **When nurses spoke about your care in front of you, were you included in the conversation?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

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

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

YOUR CARE AND TREATMENT

21 **Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?**

1 ☐ Yes, often
2 ☐ Sometimes
3 ☐ No, never
4 ☐ Don't know / can't remember

22 **To what extent did staff looking after you involve you in decisions about your care and treatment?**

1 ☐ A great deal
2 ☐ A fair amount
3 ☐ Not very much
4 ☐ Not at all
5 ☐ I was not able to be involved in decisions
6 ☐ I did not want to be involved in decisions

23 **To what extent did staff looking after you involve your family or carers in decisions about your care and treatment?**

1 ☐ A great deal
2 ☐ A fair amount
3 ☐ Not very much
4 ☐ Not at all
5 ☐ It was not necessary
6 ☐ Don't know / can't remember

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

1 ☐ Too much
2 ☐ About the right amount
3 ☐ Too little
4 ☐ I was not given any information about my treatment or condition
5 ☐ Don't know / can't remember

25 **Did you feel able to talk to members of hospital staff about your worries and fears?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never
4 ☐ I had no worries or fears

26 **Were you given enough privacy when being examined or treated?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never
4 ☐ I did not want this
5 ☐ Don't know / can't remember

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

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never
4 ☐ I was not in any pain
5 ☐ Don't know / can't remember

28 **Were you able to get a member of staff to help you when you needed attention?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never
4 ☐ I did not need attention

29 **Thinking about your care and treatment, did hospital staff take into account the following individual needs?**

	Yes	No	I did not need this
Language needs (e.g. translation, braille)	1 ☐	2 ☐	3 ☐
Cultural needs (e.g. same gender staff)	1 ☐	2 ☐	3 ☐
Religious needs (e.g. space to pray / meditate)	1 ☐	2 ☐	3 ☐
Accessibility needs (e.g. mobility needs, room adaptations)	1 ☐	2 ☐	3 ☐
Dietary needs (e.g. medical, allergy, vegan)	1 ☐	2 ☐	3 ☐
Mental health needs (e.g. a quiet space, emotional support)	1 ☐	2 ☐	3 ☐

30 **If you, or someone close to you, raised any concerns about your care and treatment during your stay, did you feel these were taken seriously?**

This could include concerns raised by you, a family member, a carer or anyone else close to you.

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ There were concerns, but they were not raised
5 ☐ There were no concerns to raise

LEAVING HOSPITAL

31 **When leaving the hospital, were you admitted onto a virtual ward, also known as hospital at home?**

A virtual ward is hospital-level care at home for patients who would otherwise be in hospital. This could involve daily home visits, telephone calls or use of technology, such as self-monitoring devices, to check on recovery. This is not the same as being an outpatient.

1 ☐ Yes → **Go to Q32**
2 ☐ No → **Go to Q33**
3 ☐ Don't know / can't remember → **Go to Q33**

32 **Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?**

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

33 **To what extent did hospital staff involve you in decisions about leaving the hospital?**

1 ☐ A great deal
2 ☐ A fair amount
3 ☐ Not very much
4 ☐ Not at all
5 ☐ I did not want to be involved in decisions

34 **To what extent did hospital staff involve your family or carers in decisions about you leaving the hospital?**

1 ☐ A great deal
2 ☐ A fair amount
3 ☐ Not very much
4 ☐ Not at all
5 ☐ It was not necessary
6 ☐ Don't know / can't remember

35 **Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?**

1 ☐ Yes
2 ☐ No, but I would have liked them to
3 ☐ No, it was not necessary to discuss it
4 ☐ Don't know / can't remember

36 **Were you given enough notice about when you were going to leave hospital?**

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

37 **Before you left the hospital, were you given any information about what you should or should not do after leaving the hospital?**

This includes any verbal, written or online information.

1 ☐ Yes → **Go to Q38**
2 ☐ No → **Go to Q39**
3 ☐ Don't know / can't remember → **Go to Q39**

38 **To what extent did you understand the information you were given about what you should or should not do after leaving the hospital?**

1 ☐ Very well
2 ☐ Fairly well
3 ☐ Not very well
4 ☐ Not at all well
5 ☐ Don't know / can't remember

39 **Before you left the hospital, were your family or carers given the information they needed to care for you at home?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ It was not necessary
5 ☐ Don't know / can't remember

40 **Thinking about any medicine you were to take at home, were you given any of the following?**

Please cross ✗ in all the boxes that apply to you.

1 ☐ An explanation of the purpose of the medicine
2 ☐ An explanation on side effects
3 ☐ An explanation of how to take the medicine
4 ☐ Written information about your medicine
5 ☐ I was given medicine, but no information
6 ☐ I had no medicine

41 **Before you left the hospital, did you know what would happen next with your care?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not need further care

42 **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

43 **Did hospital staff discuss with you whether you may need any further health or social care services after leaving the hospital?**

Please include any services from a physiotherapist, community nurse or GP, 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
4 ☐ Don't know / can't remember

44 **After leaving the hospital, did you get enough support from health or social care services to help you recover or manage your condition?**

Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.

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

OVERALL

45 **Overall, did you feel you were treated with kindness and compassion while you were in the hospital?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

46 **Overall, did you feel you were treated with respect and dignity while you were in the hospital?**

1 ☐ Yes, always
2 ☐ Sometimes
3 ☐ No, never

47 **Overall, how was your experience while you were in the hospital?**

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

0 ☐ 0 – I had a very poor experience
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10 – I had a very good experience

48 **At any point during your stay, do you feel you were treated unfairly or differently from other people by hospital staff?**

1 ☐ Yes → **Go to Q49**
2 ☐ No → **Go to Q50**
3 ☐ I would prefer not to say → **Go to Q50**
4 ☐ Don't know / can't remember → **Go to Q50**

49 **Thinking about any times you felt you were treated unfairly or differently by hospital staff, what do you think or feel this was related to?**

Please cross ✗ in all the boxes that apply to you.

1 ☐ Age
2 ☐ Disability
3 ☐ Gender reassignment (planning, having, or previously undergone a process to change your sex)
4 ☐ Pregnancy or maternity
5 ☐ Race, ethnicity or nationality
6 ☐ Religion or belief
7 ☐ Sex
8 ☐ Sexual orientation
9 ☐ Other
10 ☐ I would prefer not to say
11 ☐ Don't know / can't remember

ABOUT YOU

This information will not be used to identify you. Your answers will help us find out whether different people are having different experiences of NHS services.

All the questions should be answered from the point of view of the person named on the letter.

50 **Who was the main person or people that filled in this questionnaire?**

1 ☐ The **patient** (named on the letter)
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 or care worker

51 **Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?**

Please cross ✗ in all the boxes that apply to you.

1 ☐ Autism or autism spectrum condition
2 ☐ Breathing problem, such as asthma
3 ☐ Blindness or partial sight
4 ☐ Cancer in the last 5 years
5 ☐ Dementia or Alzheimer's disease
6 ☐ Deafness or hearing loss
7 ☐ Diabetes
8 ☐ Heart problem, such as angina
9 ☐ Joint problem, such as arthritis
10 ☐ Kidney or liver disease
11 ☐ Learning disability
12 ☐ Mental health condition
13 ☐ Neurodivergence (other than autism or autism spectrum condition)
14 ☐ Neurological condition
15 ☐ Physical mobility condition
16 ☐ Stroke (which affects your day-to-day life)
17 ☐ Another long-term condition
18 ☐ I do not have any long-term conditions

→ Go to Q53

19 ☐ I would prefer not to say

→ Go to Q53

52 **Thinking about the condition(s) you selected, 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

53 **Have you experienced any of the following in the last 12 months?**

Please cross ✗ in all the boxes that apply to you.

1 ☐ Problems with your physical mobility, for example, difficulty getting about your home
2 ☐ Two or more falls that have needed medical attention
3 ☐ Feeling isolated from others
4 ☐ None of these

54 **What was your year of birth?**

Please write in e.g.

1	9	6	4

The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups. Your answers will be kept confidential and not linked to your medical records.

55 **At birth were you assigned as…**

1 ☐ Male
2 ☐ Female
3 ☐ I would prefer not to say

56 **Is your gender different from the sex you were assigned at birth?**

1 ☐ No
2 ☐ Yes. **Please specify your gender**

3 ☐ I would prefer not to say

57 **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

58 **Which of the following best describes your sexual orientation?**

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

59

What is your ethnic group?

Please cross ✗ in ONE box only.

a. WHITE

1 ☐ English / Welsh / Scottish / Northern Irish / British

2 ☐ Irish

3 ☐ Gypsy or Irish Traveller

4 ☐ Roma

5 ☐ Any other White background, **please write in**

b. MIXED / MULTIPLE ETHNIC GROUPS

6 ☐ White and Black Caribbean

7 ☐ White and Black African

8 ☐ White and Asian

9 ☐ Any other Mixed / multiple ethnic background, **please write in**

c. ASIAN / ASIAN BRITISH

10 ☐ Indian

11 ☐ Pakistani

12 ☐ Bangladeshi

13 ☐ Chinese

14 ☐ Any other Asian background, **please write in**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

15 ☐ African

16 ☐ Caribbean

17 ☐ Any other Black / African / Caribbean background, **please write in**

e. OTHER ETHNIC GROUP

18 ☐ Arab

19 ☐ Any other ethnic group, **please write in**

20 ☐ I would prefer not to say

OTHER COMMENTS

You can use the space below to tell us anything else about your hospital experience. Your comments will be looked at in full by the NHS trust, CQC, NHS England and researchers analysing the data.

Please note that your comments will not be read straight away. Therefore, if you have a serious concern about the care you received, contact the NHS trust named on the letter. You can also tell CQC about it by going to www.cqc.org.uk/give-feedback-on-care/start or calling 03000 61 61 61.

If there is anything else you would like to tell us about your experiences in the hospital, please do so here. For example, anything particularly good or that could be improved.

We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.

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 [INSERT **FREEPOST** ADDRESS HERE].