

# GUIDANCE ON DATA CLEANING FOR THE NHS ADULT INPATIENTS SURVEY 2006

THE ACUTE CO-ORDINATION CENTRE FOR THE  
NHS ACUTE PATIENT SURVEY PROGRAMME

## Contacts

The Acute Co-ordination Centre for the NHS Patient Survey Programme<sup>1</sup>  
Picker Institute Europe  
King's Mead House  
Oxpens Road  
Oxford  
OX1 1RX

Tel: 01865 208127  
Fax: 01865 208101  
E-mail: [acute@pickereurope.ac.uk](mailto:acute@pickereurope.ac.uk)  
Website: [www.nhssurveys.org](http://www.nhssurveys.org)

## Key personnel

Sally Donovan  
Jason Boyd  
Chris Graham

## Updates

Before you use this document, check that you have the latest version, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Acute Co-ordination Centre website at:

**[www.NHSSurveys.org](http://www.NHSSurveys.org)**

## Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please contact the Acute Co-ordination Centre:

By e-mail: [Acute@PickerEurope.ac.uk](mailto:Acute@PickerEurope.ac.uk)

By phone: 01865 208127

---

<sup>1</sup> Previously the NHS Patient Survey Advice Centre

## Contents

<b>1</b>	<b>Inpatient Survey 2006 – data cleaning</b>	<b>1</b>
1.1	Introduction	1
1.2	The core and extended questionnaires	1
1.3	Definitions	1
<b>2</b>	<b>Submitting raw ('uncleaned') data</b>	<b>3</b>
<b>3</b>	<b>Editing/cleaning data after submission</b>	<b>4</b>
3.1	Approach and rationale	4
3.2	Filters	4
3.3	Dealing with demographics	5
3.4	Usability and Eligibility	7
3.5	Missing responses	8
3.6	Non-specific responses	8
<b>4</b>	<b>Appendix A – example of cleaning</b>	<b>9</b>
4.1	Incorrectly followed routing	9
<b>5</b>	<b>Appendix B – non-specific responses</b>	<b>11</b>
<b>6</b>	<b>Submitting data</b>	<b>17</b>

# 1 Inpatient Survey 2006 – data cleaning

## 1.1 Introduction

Once fieldwork for the 2006 national inpatient survey has been completed, participating trusts and contractors will be required to submit data to the Acute Co-ordination Centre in a **raw (uncleaned)** format. Following this, data for all trusts in the survey will be collated and the full dataset will be cleaned together to ensure that cleaning taking place on data pertaining to different trusts is comparable.

This document provides a description and specification of the processes that will be used by the Acute Co-ordination Centre to clean and standardise data submitted by contractors and trusts as part of the 2006 national survey of inpatients. By following the guidance contained in this document, it should be possible to recreate this cleaning process.

If you have any comments or queries regarding this document please contact the Acute Co-ordination Centre on **01865 208 127**, or e-mail us at [acute@pickereurope.ac.uk](mailto:acute@pickereurope.ac.uk).

## 1.2 The core and extended questionnaires

For the 2006 national inpatient survey, all trusts have the option to use either the 75 item 'core' questionnaire or to use an extended questionnaire with further questions available from the 'question bank' for the survey. The Acute Co-ordination Centre only requires data to be submitted for the 75 core items, and so all cleaning undertaken by ourselves will involve only these 75 core items. As such, this document looks only at the cleaning required for the core survey. Nonetheless, the rules and principles of data cleaning described here can be applied to data from an extended questionnaire, so long as careful attention is paid to question numbers and so on.

## 1.3 Definitions

Definitions of terms commonly used in this document, as they apply to the National Survey of Adult Inpatients 2006 are as follows:

**Raw/uncleaned data:** 'Raw' or 'uncleaned' data is data that has been entered verbatim from completed questionnaires without any editing taking place to remove contradictory or inappropriate responses; thus, all responses ticked on the questionnaire should be included in the data entry spreadsheet, except where multiple responses have been ticked or in some instances where year of birth has been entered in an incorrect format<sup>2</sup> (see [Section 2: Submitting raw \('uncleaned'\) data](#), for detailed guidance on submitting raw data). The requirement for raw/uncleaned data does **not**, however, preclude the checking of data for errors resulting from problems with data entry or similar. Ensuring high data quality is paramount and errors resulting from data entry problems can and should be corrected by checking against the appropriate completed questionnaire.

---

<sup>2</sup> Responses ticked on the questionnaire should not be included in the data entry sheet where:

- a) multiple responses have been ticked - set these to missing
- b) year of birth has been entered in incorrect format - if the patient's *intended* response is unambiguous from the questionnaire, then enter this.

**Data cleaning:** The Acute Co-ordination Centre uses the term ‘data cleaning’ to refer to all editing processes undertaken upon survey data once the survey has been completed and the data has been entered and collated.

**Routing questions:** These are items on the questionnaire which instruct respondents to either continue on to the next question or to skip past irrelevant questions depending on their response to the routing question. For the 2006 national survey of inpatients, the routing questions in the core questionnaire are **Q1, Q2, Q6, Q17, Q24, Q44, Q46, Q51, Q54, Q57, and Q73.**

**Filtered questions:** Items on the questionnaire that are not intended to be answered by all respondents are referred to as ‘filtered’ questions. Whether individual respondents are expected to answer filtered questions depends on their responses to preceding routing questions. For the 2006 national survey of inpatients, the filtered questions in the core questionnaire are **Q2—Q13<sup>3</sup>, Q18, Q25, Q45, Q47—Q53<sup>4</sup>, Q55—Q56, Q58—Q59, and Q74.**

**Non-filtered questions:** these are items in the questionnaire which are not subject to any routing/filtering and which should therefore be answered by all respondents. For the 2006 national survey of inpatients, the non-filtered questions are **Q1, Q14—Q17, Q19—Q24, Q26—Q44, Q46, Q54, Q57, Q60—Q73, Q75.**

**Out-of-range data:** This refers to instances where data within a variable has a value that is not permissible. For categorical data – as in the case of the majority of variables in this survey – this would mean a value not allowed in the data, for example, a value of ‘3’ being entered in a variable with only two response categories (1 or 2). For scalar data – eg year of birth – data is considered to be out-of-range if it specifies a value that is not possible (for instance, year of birth as 983 or 2983). Out-of-range responses entered into the dataset should not be *automatically* (eg, algorithmically) removed prior to submitting the data to the Acute Co-ordination Centre (see [Section 2: Submitting raw \(‘uncleaned’\) data](#)).

**Non-specific response:** This is a loose term for response options that can be considered as not being applicable to the respondent in terms of directly answering the specific question to which they are linked. Most commonly, these are responses such as “don’t know/can’t remember”, which indicate a failure to recall the issue in question. Likewise, responses that indicate the question is not applicable to the respondent are considered ‘non-specific’ – for example, responses such as “I did not have any food” or “I did not use any bathrooms”. A full listing of such responses for the 2006 inpatient survey can be found in [Appendix B: Non-specific responses](#).

---

<sup>3</sup> The range Q2-Q13 includes four separate sets of filtered questions; Q2-Q9, Q3-Q5, Q7-Q9, and Q10-Q13.

<sup>4</sup> The range Q47-Q53 includes two separate sets of filtered questions; Q47–Q53, and Q52.

## 2 Submitting raw ('uncleaned') data

For the 2006 national inpatient survey, trusts and contractors are required to submit raw ('uncleaned') data to the Acute Co-ordination Centre. For clarification, raw data is created as follows:

- i All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (eg, where patients answer questions that they have been directed to skip past, these responses should still be entered).
- ii Where a respondent has ticked more than one response category on a question, this should be set to 'missing' in the data.
- iii Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead ticked a second response option, this second choice should be entered into the data.
- iv Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's *intended* response should be entered. For example, where a patient has written their *date* of birth in the boxes for Q70, but written their *year* of birth in at the side of this, then the respondent's year of birth should be entered.
- v For the year of birth question, unrealistic responses should still be entered *except* following **iv** above). For example, if a respondent enters '2006' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side.
- vi Once the data has been entered, no responses should be removed or changed in any way *except* where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must **not** be *automatically* removed from the dataset. Responses in the dataset should only be changed before submission to the Acute Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

## 3 Editing/cleaning data after submission

### 3.1 Approach and rationale

The purpose of the Acute Co-ordination Centre in cleaning the data submitted to us is to ensure an optimal balance of data quality and completeness. Thus, we seek to remove responses that are known to be erroneous or inappropriate but do this in a relatively permissive way so as to enable as many responses as possible to contribute to the overall survey results.

### 3.2 Filters

Some of the questions included in the survey are only relevant to a subset of respondents, and in these cases filter instructions on the questionnaire are used to route respondents past questions that are not applicable to them. For example, people who tick “no” to **Q2** (“Did you travel to the hospital by ambulance?”) are instructed to skip all further questions on ambulances (e.g. **Q3**, **Q4**, and **Q5**).

It is necessary to clean the data to remove inappropriate responses where filter instructions have been incorrectly followed. In such cases, participants’ responses to questions that were not relevant to them are deleted from the dataset. Responses are **only** deleted where respondents have answered ‘filtered’ questions despite ticking an earlier response on a routing question instructing them to skip these questions (eg a respondent ticking “No” to **Q2** but then answering the three questions about the ambulance crew as in the example above). Responses to ‘filtered’ questions are **not** removed where the response to the routing question is missing. For example, **Q2-Q9** are filtered by the response to **Q1** (e.g. if Q1=2), but if a respondent does not answer **Q1**, or if the **Q1** response is missing for any reason, then responses to **Q2-Q9** should **not** be removed.

[Figure 1](#) (overleaf) shows a summary of all routing questions, and the filtered questions they relate to, that are included on the 2006 national inpatient survey. Please note that these instructions should be followed sequentially in order to be consistent with the procedures applied by the Acute Co-ordination Centre.

**Figure 1 - List of routing/filtering instructions**

ROUTING QUESTION	RESPONSE VALUES	FILTERED QUESTIONS
<i>if</i> Q1 = 2	<i>then delete responses to:</i>	Q2 - Q9
<i>if</i> Q2 = 2	<i>then delete responses to:</i>	Q3 - Q5
<i>if</i> Q6 = 1	<i>then delete responses to:</i>	Q10 - Q13
<i>if</i> Q6 = 2	<i>then delete responses to:</i>	Q7 - Q9
<i>if</i> Q17 = 1 OR 4	<i>then delete responses to:</i>	Q18
<i>If</i> Q24 = 5	<i>then delete responses to:</i>	Q25
<i>if</i> Q44 = 2	<i>then delete responses to:</i>	Q45
<i>if</i> Q46 = 2	<i>then delete responses to:</i>	Q47 - Q53
<i>if</i> Q51 = 2	<i>then delete responses to:</i>	Q52
<i>if</i> Q54 = 2	<i>then delete responses to:</i>	Q55 - Q56
<i>if</i> Q57 = 5	<i>then delete responses to:</i>	Q58 - Q59
<i>if</i> Q73 = 2	<i>then delete responses to:</i>	Q74

Please note that these instructions should be followed sequentially in the order shown above.

Please note that **Q1** should **not** be considered a branching question in the traditional sense – for example, responses to **Q10-Q13** – the questions on planned admissions – **must not** be automatically removed if Q1=1. It should be noted from the questionnaire that even though patients responding “emergency or urgent” to **Q1** are identifying themselves as emergency admissions, they may subsequently report not having been to an Emergency Department as part of their admission – eg if **Q6=2** – and that in such cases they are then asked to continue from **Q10**. Thus, not all respondents ticking **Q1=1** will be expected to skip **Q10-Q13**.

A worked example of the cleaning process for removing unexpected responses to filtered questions is included in [Appendix A: Example of cleaning](#).

### 3.3 Dealing with demographics

Basic demographic information, including age, sex, and ethnicity of patients are included in the sample section of the data, but the ‘About You’ section at the end of the questionnaire also asks respondents to provide this information. In a minority of cases, the information provided from the sample frame and by the respondents does not correspond – for example, the sample may identify an individual as male only for them to report being female (eg **Q69=2**).

Because of this, and because questions about demographics tend to produce relatively high item non-response rates, it is not appropriate to rely on either source of data alone.

Where responses to demographic questions are present, it is assumed these are more likely to be accurate than sample frame information (since it is assumed that respondents are best placed to know their own sex, age, and ethnic group)<sup>5</sup>. Where responses to demographic questions are missing, however, sample data are used in their place.

<sup>5</sup> Please note though that respondents will *not* be considered ineligible for the survey solely on the basis of their response to the year of birth question indicating that they are under the age of sixteen. This is because of the difficulty of inferring the source of errors when year of birth from sample and response sections are mismatched – in other words, because we cannot be *certain* whether this mismatch occurs [see *overleaf*]



For demographic analysis on groups of cases, then, it is necessary to use some combination of the information supplied in the sample frame and by the respondents. To do this, we first copy all valid responses to survey demographic questions into a new variable. Where responses are missing we then copy in the relevant sample information (note that for a very small number of patients demographic information may be missing in both the sample and response sections; in such cases data must necessarily be left missing in the new variable).

Certain demographic variables require special consideration during data cleaning:

## Age (Q70)

A common error when completing year of birth questions on forms is for respondents to accidentally write in the *current* year – thus responses to Q70 of ‘2006’ will be set to missing during cleaning. Out-of-range responses will also be set to missing<sup>6</sup>. For the 2006 national inpatient survey, out-of range responses are defined as **Q70≤1880 OR Q70≥2006**.

## Ethnic group (Q75)

When merging sample and response data the ethnic group variables (‘Ethnic’ and ‘Q75’ respectively) present a particular problem as different categories are used in these variables. In order to combine data from these two variables, then, it is necessary to reduce the 16 categories from Q75 into six broader categories as used in the sample section. [Figure 2](#) (below) shows how values should be recoded to be consistent with the mapping used by the Acute Co-ordination Centre.

Also note that it is generally not appropriate to merge ethnicity values for response rate analysis because of the systematic ‘migration’ of ethnic group categorisations<sup>7</sup> between sample and response. Put another way; because the categories used in the sample section are relatively broad, and because people tend to have highly specific conceptions of their own ethnic group, there is a tendency for respondents from certain backgrounds to report an apparently different ethnicity to that which is recorded on the sample frame. A particular issue is patients coded as ‘any other ethnic group’. Although in the context of the six categories used in the sample frame this may often be considered an appropriate categorisation, it is seldom one people choose for themselves – respondents are more likely, if their ethnic group is not closely matched by an available response options, to choose one of the ‘any other White/Mixed/Asian/Black background’ options positioned earlier in the questionnaire structure than to select the 16<sup>th</sup> option, ‘any other ethnic group’. If data from the sample and response sections are merged, then, this can have the effect of giving an unrealistically low response rate for patients coded on the sample frame as ‘any other ethnic group’ – this happens because the majority of such patients who do respond would be ‘moved out’ of this sub-group by virtue of their response to Q75, whilst for non-responders the initial coding must by definition be preserved. Thus, **any reporting of response rates by ethnic**

---

due to an error in the sample file, an error in the patient’s completion of the questionnaire form, or an error in data entry.

<sup>6</sup> The majority of out-of range responses present in data relating to year of birth questions result from errors in data entry (for example, not keying one of the digits – so ‘1983’ may become 983, 183, 193, or 198). In such cases it is important that the responses be checked against the completed questionnaire forms, and data corrected if necessary, **prior** to submission of data to the Co-ordination Centre.

<sup>7</sup> This refers to the instability between categorisations of ethnic group given in sample and response data – the term ‘migration’ is used to emphasise the perceived shift in the ethnic composition of the achieved sample when looking at response compared to sample data.

**group should be based on sample information only.** For sub-group analysis of responses, though, it is generally more appropriate to base categories on patients' responses to Q75.

**Figure 2: Mapping ethnic group responses to sample data**

<b>Q75</b> To which of these ethnic groups would you say you belong? (Tick ONE only)		<b>Ethnic category</b> Ethnic category (N) 1=White; 2=Mixed; 3=Asian or Asian British; 4=Black or Black British; 5=Chinese; 6=Other ethnic group	
Value	Label	Value	Label
1	White British	1	White
2	White Irish		
3	Any other White background		
4	White and Black Caribbean		
5	White and Black African		
6	White and Asian		
7	Any other Mixed background		
8	Indian	2	Mixed
9	Pakistani		
10	Bangladeshi		
11	Any other Asian background	3	Asian or Asian British
12	Caribbean		
13	African	4	Black or Black British
14	Any other Black background		
15	Chinese	5	Chinese
16	Any other ethnic group	6	Other ethnic group

### 3.4 Usability and eligibility

Sometimes questionnaires are returned with only a very small number of questions completed. For the inpatient survey 2006, questionnaires containing *fewer than five responses* are considered 'unusable' – we will delete all responses pertaining to such cases and outcome codes of 1 ('returned useable questionnaire') relating to these cases will be changed to 6 ('questionnaire not returned'). Please note that the number of responses per questionnaire will be counted *after* all other cleaning, and that all responses remaining at this stage will be counted (including responses to the demographic questions and so on). This should only affect a very limited number of cases, and so should not have a significant impact on response rates.

Outcome codes for respondents will also be changed if the respondents are believed to be under the age of sixteen and therefore ineligible for participation. Since the sample files for the survey are to be checked by the Acute Co-ordination Centre prior to mailing, this is unlikely to affect more than a handful of cases throughout the survey, as patients coded as being aged under 16 will be identified and removed from the sample *before* the start of the survey. Sample members will *not*, however, be removed from the sample if data on their year of birth is missing from the sampling frame. If sample information on a respondent's year of birth is missing, though, and their response

to **Q75** indicates that they are under 16 (specifically, **if Q75 ≥ 1991**) then the outcome code for that patient should be recoded from 1 ('returned completed questionnaire') to 5 ('ineligible for participation in the survey'). This should *only* be done where sample information is missing. If sample information indicates a patient is aged 16 or over, but this is contradicted by the patient's response, then the patient's survey outcome should remain as 1. This is to avoid removing legitimate responses because of an overly conservative approach to assessing eligibility; in other words, where the patient's age is uncertain (because sample and response information contradict each other, and in different instances either of these may be accurate or inaccurate) the benefit of the doubt is given in any assessment of eligibility.

### 3.5 Missing responses

It is useful to be able to see the numbers of respondents who have missed each question for whatever reason. Responses are considered to be missing when a respondent is *expected* to answer a question but no response is present. For non-filtered questions, responses are expected from all respondents – thus any instance of missing data constitutes a missing response. For filtered questions, only respondents who have answered a previous routing question instructing them to go on to that filtered question or set of filtered questions are expected to give answers. Where respondents to the survey have missed a routing question, they are not expected to answer subsequent 'filtered' questions; thus only where respondents were explicitly instructed to answer filtered questions should such blank cells be coded as missing responses.

The Acute Co-ordination Centre codes missing responses in the data with the value 999<sup>8</sup>. For results to be consistent with those produced by the Acute Co-ordination Centre, missing responses should be presented but should not be included in the base number of respondents for percentages.

### 3.6 Non-specific responses

As well as excluding missing responses from results, the Acute Co-ordination Centre also removes non-specific responses from base numbers for percentages. The rationale for this is to facilitate easy comparison between institutions by presenting only results from those patients who felt able to give an evaluative response to questions. For a full listing of 'non-specific' responses in the 2006 national inpatient survey, please see Appendix B.

---

<sup>8</sup> This is an arbitrary value chosen because it is 'out-of-range' for all other questions on the survey.

## 4 Appendix A: Example of cleaning

### 4.1 Incorrectly followed routing

**Figure 3: Example 'raw'/'uncleaned' data**

Record	Outcome	Q1	Q2	Q3	Q4	Q5
Patient Record Number	Outcome of sending questionnaire (N)	Was your most recent hospital stay planned in advance or an emergency?	Did you travel to the hospital by ambulance?	Were the ambulance crew reassuring?	Did the ambulance crew explain your care and treatment in a way you could understand?	Did the ambulance crew do everything they could to help control your pain?
A	6					
B	1	2	.	.	.	.
C	1	1	1	1	2	1
D	4					
E	1	1	2	.	.	4
F	6					
G	1	2	1	2	1	1
H	1	3	2	1	1	1

Figure 3 shows hypothetical raw/uncleaned data for eight sample members, five of whom have responded to the survey. It can be seen from this data that some of the respondents have followed filter instructions from routing questions incorrectly:

- Respondent 'G' has reported that their admission to hospital was planned or from a waiting list (**Q1=2**), but has responded to filtered questions **Q2**, **Q3**, **Q4** and **Q5**.
- Respondents 'E' and 'H' have reported that they did not travel to hospital in an ambulance (**Q2=2**) but have both responded to filtered questions about care by the ambulance crew ('E' has answered **Q5**, whilst 'H' has answered **Q3**, **Q4**, and **Q5**).

Following the cleaning instructions above will remove these inappropriate responses. Firstly, the filter instructions specify that:

<i>if</i>	<b>Q1 = 2</b>	<i>then delete responses to:</i>	<b>Q2 - Q9</b>
-----------	---------------	----------------------------------	----------------

In accordance with this, all responses for **Q2**, **Q3**, **Q4**, **Q5**, **Q6**, **Q7**, **Q8**, and **Q9** must be removed in cases where the respondent has ticked **Q1=2** ('waiting list or planned in advance'). Looking in column **Q1** we can see that two respondents, 'B' and 'G', have ticked **Q1=2**, so any responses they gave to questions two through to nine should be removed. This will lead to four responses (to **Q2**, **Q3**, **Q4**, and **Q5**) being removed for respondent 'G', who has for whatever reason followed the routing instructions incorrectly and continued to answer the section on emergency care. It should be noted that respondent 'G's response to **Q3**, **Q4**, and **Q5** – questions on ambulance care – have been removed *even though that respondent had reported travelling to hospital in an ambulance*

(e.g. **Q2=1**). This is because the earlier routing instructions instruct respondents to skip **Q2-9** if **Q1=2**, as is the case here<sup>9</sup>.

Secondly, the filter instructions specify that:

<i>if</i>	<b>Q2 = 2</b>	<i>then delete responses to:</i>	<b>Q3 - Q5</b>
-----------	---------------	----------------------------------	----------------

Thus all responses for **Q3**, **Q4**, and **Q5** should be removed in cases where **Q2=2** (not conveyed by ambulance). Looking at the data in column **Q2**, it can be seen that this applies to respondents ‘E’ and ‘H’. This means that the response to **Q5** from ‘E’ should be removed, as should responses to **Q3**, **Q4**, and **Q5** from ‘H’.

[Figure 4](#) (below) shows how the data would look following cleaning by the co-ordination centre to remove responses to filtered questions that should have been skipped – cells where responses have been removed are shaded.

**Figure 4: Data from Figure 3 following cleaning**

<b>Record</b>	<b>Outcome</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q5</b>
Patient Record Number	Outcome of sending questionnaire (N)	Was your most recent hospital stay planned in advance or an emergency?	Did you travel to the hospital by ambulance?	Were the ambulance crew reassuring?	Did the ambulance crew explain your care and treatment in a way you could understand?	Did the ambulance crew do everything they could to help control your pain?
A	6					
B	1	2	.	.	.	.
C	1	1	1	1	2	1
D	4					
E	1	1	2	.	.	.
F	6					
G	1	2	.	.	.	.
H	1	3	2	.	.	.

<sup>9</sup> Whilst some waiting list/planned admission patients will arrive via an ambulance *of some kind*, the survey is specifically interested only in the care provided by emergency and urgent ambulance services – not that provided by non-urgent ambulances such as patient transport services (PTS) or ambulance car services (ACS).

## 5 Appendix B: Non-specific responses

The following table lists all 'non-specific responses' included in the 2006 inpatient survey. Please note that this table also includes items from the question bank which are not included in the minimal 'core' questionnaire. Numbers in the final column indicate the response options that should be considered non-specific. Where the 'non-specific responses' column contains only a dash, the relevant question has no such response options.

CORE	BANK	Question	Non-specific responses
Q1	A1	Was your most recent hospital stay planned in advance or an emergency?	-
Q2	A2	Did you travel to the hospital by ambulance?	-
Q3	A3	Were the ambulance crew reassuring?	4
Q4	A4	Did the ambulance crew explain your care and treatment in a way you could understand?	4
Q5	A5	Did the ambulance crew do everything they could to help control your pain?	4
	A6	Overall, did the ambulance crew treat you with respect and dignity?	4
Q6	A7	When you arrived at the hospital, did you go to the Emergency Department (Casualty/AandE/Medical or Surgical Admissions unit)?	-
	A8	How organised was the care you received in the emergency department?	-
	A9	While you were in the Emergency Department, did you get enough information about your medical condition and treatment?	4
	A10	For most of the time, were you waiting in...?	5
	A11	For most of the time, were you waiting on...?	5
	A12	Did you think the order in which patients were seen in the Emergency Department was fair?	3
Q7	A13	While you were in the Emergency Department, how much information about your condition or treatment was given to you?	-
Q8	A14	Were you given enough privacy when being examined or treated in the Emergency Department?	-
Q9	A15	Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?	6
	A16	Were you given a choice about which hospital you were admitted to?	3, 4
	A17	Overall, did you get enough information about the different hospitals to make your choice?	4
	A18	Other than your local hospital, how many choices of hospital were you given?	5
	A19	Was the information about different hospitals easy to understand?	-
Q10	A20	Were you given a choice of admission dates?	3
Q11	A21	Overall, from the time you were first told you needed to be admitted to hospital, how long did you wait to be admitted?	6
Q12	A22	How do you feel about the length of time you were on the waiting list before your admission to hospital?	-
	A23	When you were told you would be going into hospital, were you given enough notice of your date of admission?	-
Q13	A24	Was your admission date changed by the hospital?	-

CORE	BANK	Question	Non-specific responses
	A25	Before being admitted to hospital, were you given any printed information about the hospital?	-
	A26	Before being admitted to hospital, were you given any printed information about your condition or treatment?	-
	A27	Before you were admitted, were you invited to visit the hospital to meet the staff?	4
	A28	Did visiting the hospital and meeting the staff help you when you were actually admitted?	-
	A29	How organised was the admission process?	-
Q14	A30	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?	-
	A31	Did a member of staff explain why you had to wait?	-
	A32	How would you rate the courtesy of the staff who admitted you?	-
Q15	B1	While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	3
Q16	B2	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?	-
	B3	Were you ever bothered or upset by having to share a room or bay with patients of the opposite sex?	-
Q17	B4	During your stay in hospital, how many wards did you stay in?	4
	B5	Did you find it upsetting to be moved from one room to another?	-
Q18	B6	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?	-
Q19	B7	While staying in the hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	4, 5
	B8	For most of your stay, what type of room or ward were you in?	-
	B9	When you reached the ward, did you get enough information about ward routines, such as timetables and rules?	4
	B10	Were you ever bothered by noise during the day from other patients?	-
	B11	Were you ever bothered by noise during the day from hospital staff?	-
Q20	B12	Were you ever bothered by noise at night from other patients?	-
Q21	B13	Were you ever bothered by noise at night from hospital staff?	-
Q22	B14	In your opinion, how clean was the hospital room or ward that you were in?	-
Q23	B15	How clean were the toilets and bathrooms that you used in hospital?	5
Q24	B16	How would you rate the hospital food?	5
	B17	Was there healthy food on the hospital menu?	4
	B18	How much food were you given?	-
Q25	B19	Were you offered a choice of food?	-
	B20	Did you get the food you ordered?	-
	B21	How would you rate the courtesy of the catering staff?	-
	B22	How would you rate the courtesy of the hospital porters?	-
	B23	How would you rate the courtesy of the cleaning staff?	-
	C1	Was there one doctor in overall charge of your care?	3
Q26	C2	When you had important questions to ask a doctor, did you get answers that you could understand?	4

CORE	BANK	Question	Non-specific responses
	C3	If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?	4
<b>Q27</b>	C4	Did you have confidence and trust in the doctors treating you?	-
<b>Q28</b>	C5	Did doctors talk in front of you as if you weren't there?	-
	C6	If you ever needed to talk to a doctor, did you get the opportunity to do so?	4
	C7	How would you rate the courtesy of your doctors?	-
	C8	Did you ever think that doctors were deliberately not telling you certain things that you wanted to know?	-
	C9	While you were in hospital, did doctors give you any information in a way which upset you?	-
	C10	In your opinion, did the doctors who treated you know enough about your condition or treatment?	5
<b>Q29</b>	C11	As far as you know, did doctors wash or clean their hands between touching patients?	4
<b>Q30</b>	D1	When you had important questions to ask a nurse, did you get answers that you could understand?	4
	D2	If you had any worries or fears about your condition or treatment, did a nurse discuss them with you?	4
<b>Q31</b>	D3	Did you have confidence and trust in the nurses treating you?	-
<b>Q32</b>	D4	Did nurses talk in front of you as if you weren't there?	-
	D5	While you were in hospital, did nurses ever give you any information in a way which upset you?	-
<b>Q33</b>	D6	In your opinion, were there enough nurses on duty to care for you in hospital?	-
	D7	If you ever needed to talk to a nurse, did you get the opportunity to do so?	4
	D8	How would you rate the courtesy of your nurses?	-
	D9	Did you ever think that nurses were deliberately not telling you certain things that you wanted to know?	-
	D10	In your opinion, did the nurses who treated you know enough about your condition or treatment?	5
<b>Q34</b>	D11	As far as you know, did nurses wash or clean their hands between touching patients?	4
<b>Q35</b>	E1	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	-
<b>Q36</b>	E2	Were you involved as much as you wanted to be in decisions about your care and treatment?	-
<b>Q37</b>	E3	How much information about your condition or treatment was given to you?	-
<b>Q38</b>	E4	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	4, 5, 6
	E5	How much information about your condition or treatment was given to your family or someone close to you?	4, 5, 6
<b>Q39</b>	E6	Did you find someone on the hospital staff to talk to about your worries and fears?	4
<b>Q40</b>	E7	Were you given enough privacy when discussing your condition or treatment?	-
<b>Q41</b>	E8	Were you given enough privacy when being examined or treated?	-



CORE	BANK	Question	Non-specific responses
	E9	When you needed help from staff getting to the bathroom or toilet, did you get it in time?	4
<b>Q42</b>	E10	Did you get enough help from staff to eat your meals?	4
<b>Q43</b>	E11	How many minutes after you used the call button did it usually take before you got the help you needed?	6
	E12	During your stay in hospital, did doctors, nurses, or other hospital staff ask you your name and address more often than you thought should have been necessary?	-
	E13	During your stay in hospital, did doctors, nurses, or other hospital staff ask you to give details of your condition or illness more often than you thought should have been necessary?	-
	E14	During your stay in hospital, did you have any tests, x-rays, or scans other than blood or urine tests?	-
	E15	Were you told in advance when your tests, x-rays, or scans were going to take place?	-
	E16	Were your scheduled tests, x-rays or scans performed on time?	-
	E17	Did a member of staff explain why the scheduled tests were not performed on time?	-
	E18	Did a doctor or nurse explain the results of the test in a way that you could understand?	-
	E19	Were medical students present when you were being examined or treated?	-
	E20	Were you asked for permission for medical students to be present when you were being treated or examined?	-
	E21	Were you upset because medical students were present?	-
<b>Q44</b>	F1	Were you ever in any pain?	-
	F2	When you had pain, was it usually severe, moderate, or mild?	-
	F3	During your stay in hospital, how much of the time were you in pain?	-
	F4	Did you ever request pain medicine?	-
	F5	How many minutes after you requested pain medicine did it usually take before you got it?	-
	F6	While you were in hospital, were you given any medicine to help with your pain (such as tablets, a spray, or pump) which you could decide when to take without having to ask hospital staff?	-
<b>Q45</b>	F7	Do you think the hospital staff did everything they could to help control your pain?	-
	F8	Overall, how much pain medication did you get?	-
<b>Q46</b>	G1	During your stay in hospital, did you have an operation or procedure?	-
<b>Q47</b>	G2	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	4
<b>Q48</b>	G3	Beforehand, did a member of staff explain what would be done during the operation or procedure?	4
<b>Q49</b>	G4	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	4
<b>Q50</b>	G5	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	-
<b>Q51</b>	G6	Before the operation or procedure, were you given an anaesthetic to put you to sleep or control your pain?	-

CORE	BANK	Question	Non-specific responses
Q52	G7	Before the operation or procedure, did the anaesthetist explain how he or she would put you to sleep or control your pain in a way you could understand?	-
Q53	G8	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	-
	H1	Do you feel you were discharged too early, at the right time, or too late?	-
Q54	H2	On the day you left hospital, was your discharge delayed for any reason?	-
Q55	H3	What was the main reason for the delay?	-
Q56	H4	How long was the delay?	-
	H5	Before you left hospital, did the doctors and nurses spend enough time telling you about what would happen during your recovery at home?	-
	H6	Before you left hospital, were you given any written or printed information about what you should or should not do during your recovery after leaving hospital?	-
Q57	H7	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	4, 5
Q58	H8	Did a member of staff tell you about medication side effects to watch for when you went home?	4
Q59	H9	Were you given clear written information about your medicines?	4
Q60	H10	Did a member of staff tell you about any danger signals you should watch for after you went home?	4
	H11	Did hospital staff take your family or home situation into account when planning your discharge?	-
Q61	H12	Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?	4, 5
	H13	Did someone tell you when you could resume your usual activities, such as when to go back to work or drive a car?	-
Q62	H14	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	3
	H15	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)	3
Q63	H16	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	3
	J1	Did you know that you could ask to look at the file of your medical records while you were in hospital?	-
	J2	While you were in hospital, did you look at the file of your medical records?	3
Q64	K1	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	-
Q65	K2	How would you rate how well the doctors and nurses worked together?	-
Q66	K3	Overall, how would you rate the care you received?	-
	K4	Would you recommend this hospital to your family and friends?	-
Q67	K5	During your hospital stay, were you ever asked to give your views on the quality of your care?	3
Q68	K6	Were you given information about how you could complain about the hospital care you received?	-
Q69	L1	Are you male or female?	-

<b>CORE</b>	<b>BANK</b>	<b>Question</b>	<b>Non-specific responses</b>
<b>Q70</b>	L2	What was your year of birth?	-
<b>Q71</b>	L3	How old were you when you left full-time education?	-
<b>Q72</b>	L4	Overall, how would you rate your health during the past 4 weeks?	-
<b>Q73</b>	L5	Do you have a long-standing physical or mental health problem or disability?	-
<b>Q74</b>	L6	Does this problem or disability affect your day-to-day activities?	-
<b>Q75</b>	L7	To which of these ethnic groups would you say you belong? (Tick ONE only)	-

## 6 Submitting data

Data may be submitted to the Acute Co-ordination Centre either by e-mail or by post (with the data on a CD or floppy disk). There is no requirement for the anonymised dataset to be password protected. Data should be submitted to the following address:

By e-mail: [Acute.Data@PickerEurope.ac.uk](mailto:Acute.Data@PickerEurope.ac.uk)

**or**

By post:           Acute Co-ordination Centre – Inpatient Survey 2006  
                      Picker Institute Europe  
                      King's Mead House  
                      Oxpens Road  
                      Oxford  
                      OX1 1RX