DATA CLEANING INSTRUCTIONS

NHS ADULT INPATIENT SURVEY 2017

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Updates

Before using this document, please check that you have the latest version, as small amendments are made 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 email all trust contacts and contractors directly to inform them of the change.

This document is available from the Survey Coordination Centre website at:
http://www.nhssurveys.org/survey/1999

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 Survey Coordination Centre using the details provided at the top of this page.

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1 Introduction

At the end of fieldwork for the NHS adult inpatient survey 2017, participating trusts and contractors will be required to submit data to the Survey Coordination Centre in a 'raw' or 'uncleaned' format. To ensure that the cleaning process is comparable across NHS trusts, data for all trusts participating in the survey are collated and cleaning is carried out on the full collated dataset.

This document provides a description and specification of the processes that will be used to clean and standardise data submitted by contractors and trusts for the survey. By following the instructions 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 Survey Coordination Centre on 01865 208127, or e-mail us at inpatient@surveycoordination.com.

1.1 Scope of this cleaning guide

For the 2017 inpatient survey, all trusts must submit data to the Survey Coordination Centre for all 80 questions; any cleaning undertaken will include only these data.

1.2 Definition of key terms

Definitions of terms commonly used in this document, as they apply to the 2017 inpatient survey, are as follows:

Raw/uncleaned data: Raw/uncleaned data is data that have been entered verbatim from returned questionnaires without any editing taking place to remove unexpected responses; thus, all response boxes crossed on the questionnaire should be included in the data entry spreadsheet[1]. See instructions on Entering data for details on data entry. 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.

Data cleaning: The Survey Coordination 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 have 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 2017 Inpatient Survey, the routing questions in the questionnaire are Q1, Q2, Q12, Q41, Q44, Q50, Q53, 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 2017

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[1] Except where: a) multiple responses have been crossed - set these to missing (The exception to this is for Q74 where respondents may select more than one response option) b) year of birth has been entered in an incorrect format - if the patient's *intended* response is unambiguous from the questionnaire, then enter this. See Section 2 for more details on how data should be entered and coded.

Inpatient Survey, the filtered questions in the core questionnaire are Q2 – Q4[1], Q5 – Q8, Q13, Q42, Q45 – Q47, Q51 – Q52, Q54, Q58 – Q60, and Q74 – Q75.

Non-filtered questions: These are items in the questionnaire which are not subject to any filtering and which should therefore be answered by all respondents. For the 2017 Inpatient Survey, the non-filtered questions are Q1, Q9 – Q12, Q14 – Q41, Q44, Q48 – Q50, Q53, Q55 – Q57, Q61 – Q73, and Q76 – Q80.

Out-of-range data: This refers to instances where data within a variable have values that are not permissible. For categorical data – as in the case of the majority of variables in this survey – this could be, for example, a value of '3' being entered for a variable that has only two response options ('1' or '2'). For scalar data – e.g. year of birth – data are considered to be out-of-range if they specify 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 (e.g. algorithmically) removed prior to submitting the data to the Survey Coordination Centre (see Section 2).

Non-specific responses: This term describes response options that do not directly answer a specific question. 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 hospital food" or "I did not need an explanation". A full list of such responses for the 2017 Inpatient Survey can be found in Appendix B.

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[1] The range Q2-Q4 includes an additional routing question within it – Q2.

2 Entering and coding data prior to submission

For the 2017 Inpatient Survey, trusts and contractors are required to submit raw/uncleaned data to the Survey Coordination Centre. For clarification, raw data are 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 (e.g. where patients answer questions that they have been directed to skip past, these responses should still be entered).

ii) Where a respondent has selected more than one response category on a question, this question should be set to 'missing' for that person in the data (i.e. left blank, or coded as a full stop (.)). The exception to this is for the multiple response question Q74 where respondents may select more than one response option. As such, each response option is treated as a separate question, and is coded as '1' if the response option is crossed and '0' if the response option is not crossed. However, if a respondent does not answer any part of Q74 (i.e. does not cross any of the response options), then all reponses options should be coded as blank/full stop.

iii) Where a respondent has crossed out a response, this should not be entered in the data (the response should be left blank, or coded as a full stop (.)). Where a respondent has crossed out a response and instead selected a second response option, the 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 Q77 ("What was your year of birth?"), 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 (Q77), unrealistic responses should still be entered *except* following rule iv) above. For example, if a respondent enters '2017' 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 have 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 Survey Coordination 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 aim of the Survey Coordination Centre in cleaning the data submitted to us is to ensure an optimal balance between data quality and completeness. Thus, we seek to remove responses that are thought to be erroneous, but do this in a relatively permissive way to enable as many responses as possible to contribute to the overall survey results.

3.2 Dealing with filtered questions

Some of the questions included in the survey are only relevant to a subset of respondents; in these cases routing instructions are included in the questionnaire to route respondents past questions that are not applicable to them. For example, respondents who select "No" to Q50 ("On the day you left hospital, was your discharge delayed for any reason?") are instructed to skip all further questions on delayed discharge (i.e. Q51 and Q52).

It is necessary to clean the data to remove responses where routing 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 selecting an earlier response on a routing question instructing them to skip these questions. For example, if a respondent selects "No" to Q50 (i.e. their discharge was not delayed), but then answers the two subsequent questions about delayed discharge.

Please note: there is one exception to this rule. The long-term conditions questions (i.e. routing question Q73 and filtered questions Q74 and Q75) undergo a different cleaning process. See Section 3.3 for specific instructions.

Please also note that responses to filtered questions are not removed where the response to the routing question is missing. For example, Q45-Q47 are applicable to those who had an operation or procedure and are filtered by the response to Q44 (i.e. they are answered if Q44=1 – the respondent did have an operation or procedure). If the response to Q44 is missing for any reason, then responses to Q45-Q47 should not be removed.

Figure 1, below, shows a summary of all routing questions, and the filtered questions they relate to in the 2017 Inpatient Survey. Please note that these instructions should be followed sequentially, in order to be consistent with the procedures applied by the Survey Coordination Centre.

Figure 1 – Cleaning instructions for filtered questions

	ROUTING QUESTION		RESPONSE VALUES		FILTERED QUESTIONS
if	**Q1**	= 2		*then delete responses to:*	**Q2 – Q4**
if	**Q2**	= 1		*then delete responses to:*	**Q5 – Q8**
if	**Q2**	= 2		*then delete responses to:*	**Q3 – Q4**
if	**Q12**	= 3		*then delete responses to:*	**Q13**
if	**Q41**	= 2		*then delete responses to:*	**Q42**
if	**Q44**	= 2		*then delete responses to:*	**Q45 – Q47**
if	**Q50**	= 2		*then delete responses to:*	**Q51 – Q52**
if	**Q53**	= 3, 4 OR 5		*then delete responses to:*	**Q54**
if	**Q57**	= 5		*then delete responses to:*	**Q58 – Q60**
if	**Q73**	= 2		*see Section 3.3*	

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

Please note that Q1 (which asks respondents whether their hospital stay was planned in advance or an emergency) should not be considered a routing question in the traditional sense. For example, responses to Q5-Q8 (the questions on planned admissions) must not be automatically removed if Q1=1 (i.e. the respondent indicates their hospital stay was an emergency or urgent). This is due to the fact that although patients responding "emergency or urgent" to Q1 are identifying themselves as emergency admissions, they may subsequently report *not* going to an Emergency Department as part of their admission (i.e. Q2=2) and in such cases will be instructed in the questionnaire to go to Q5. Thus not all respondents selecting 1 ('Emergency or urgent') for Q1 will be expected to skip Q5-Q8.

A worked example of the cleaning process for removing unexpected responses to filtered questions is included in Appendix A.

3.3 Dealing with the long-term conditions questions

This section explains how the long-term conditions questions will be cleaned, including the routing question Q73 and the two subsequent filtered questions, Q74 and Q75.

When a respondent has answered "No" to Q73 ("Do you have any physical or mental health conditions, disabilities or illnesses…?"), but has then answered Q74 by selecting one or more long term conditions, their response to Q73 is removed. This is because their response to Q74 indicates that they do in fact have a long-standing condition and therefore their response to Q73 is likely to be incorrect.

However, when a respondent has answered "No" to Q73 and has not selected any long-term conditions in Q74, but has answered Q75 ("Do any of these reduce your ability to carry out day-to-day activities?"), then their response to Q75 is removed. As they have indicated that they do not have a long-term condition and have also skipped Q74, this would suggest that their response to Q75 is incorrect.

The cleaning for Q73 – Q75 is summarised as follows:

- If a respondent *has answered "No" to* Q73 **AND** *has also crossed* any of Q74_1-13, then their response to Q73 is removed (set to blank or full-stop).
- If a respondent *has answered "No" to* Q73 **AND** *has not crossed* any of Q74_1-13 **AND** *has also answered* Q75, then their response to Q75 is removed (set to blank or full-stop).

3.4 Dealing with demographics

Basic demographic information, including age, sex, and ethnicity of patients is 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 does not correspond with that provided by the respondent themselves – for example, the sample data may identify an individual as male only for them to report being female (e.g. Q76=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 for any kind of sub-group analyses (for example, if you wanted to examine the response to particular question by age, or ethnic group). 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). Where responses to demographic questions are missing, however, sample data are used in their place[1]. 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).

The age variable requires special consideration during data cleaning. A common error when completing the year of birth question (Q77) is for respondents to accidentally write in the current year. Such responses will be set to missing during cleaning. Out-of-range responses will also be set to missing[2]. For the 2017 Inpatient Survey, out-of range responses are defined as Q77 ≤ 1897 or Q77 ≥ 2017.

3.5 Usability and eligibility

Sometimes questionnaires are returned with only a very small number of questions completed. For the 2017 Inpatient Survey, questionnaires where fewer than five questions have been answered are considered 'unusable'. In such cases, the responses to the few questions that have been answered will be deleted and the outcome codes will be changed from a code of 1 ('returned usable questionnaire') to a code of 6 ('questionnaire not returned'). Please note that the number of responses per questionnaire is counted after all other cleaning[3]. This process usually only affects a very limited number of cases and so should not have a significant impact on response rates.

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[1] The exception to this is when response rates are calculated. Because response rates vary between demographic groups (for instance young males are less likely to respond to the survey than other individuals), using response and sample data to calculate response rates would create a systematic source of bias in that we are only able to amend information for the *respondents*. Therefore, only the sample information should be used to calculate response rates by demographic groups.

[2] 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 '1985' may become '985', '185', '195', 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 Survey Coordination Centre.

[3] Please note that the multiple choice question, Q74, is counted only once. So for example, even if Q74_1 and Q74_4 are crossed, this would count as only one response for the purpose of determining if a questionnaire is usable.

Outcome codes for respondents will also be changed if respondents are believed to be under the age of sixteen and therefore ineligible for participation. Since the sample files for the survey are checked by the Survey Coordination 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. However, in situations where sample information on a respondent's year of birth is missing in the final data file and their response to Q77 indicates that they are under 16 (specifically, if Q77 > 2001) then the outcome code for that patient should be recoded from 1 ('returned completed questionnaire') to 5 ('ineligible for participation in the survey'). If data on an individual's year of birth is missing from the sampling frame, but their response to Q77 indicates the respondent is over 16, outcome codes should remain as 1. 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 also 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.

3.6 Missing responses

It is useful to be able to see the number 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 Survey Coordination Centre codes missing responses in the data with the value '999'[1]. For results to be consistent with those produced by the Survey Coordination Centre, missing responses should be presented, but should not be included in the base number of respondents for percentages.

The Survey Coordination Centre will suppress results at both national and trust level for questions that have fewer than 30 respondents.

3.7 Non-specific responses

As well as excluding missing responses from results, the Survey Coordination 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 Q68, when multiple numbers have been selected (i.e. multicode) or the respondent selected a non-integer (i.e. circled between two numbers) this should be coded as '98'. For a full listing of 'non-specific' responses in the 2017 Inpatient Survey, please see Appendix B.

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[1] This is an arbitrary value chosen because it is 'out-of-range' for all other questions on the survey.

Appendix A: Example of cleaning

Incorrectly followed routing

Figure 2, below, shows hypothetical raw/uncleaned data for eight sample members, five of whom have responded to the survey (Outcome = 1).

Figure 2 – Example 'raw'/'uncleaned' data

Record	Outcome	Q1	Q2	Q3	Q4
Patient Record Number	Outcome of sending questionnaire (N)	Was your most recent hospital stay planned in advance or an emergency?	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)?	While you were in the A&E Department, how much information about your condition or treatment was given to you?	Were you given enough privacy when being examined or treated in the A&E Department?
IP17...0001	6				
IP17...0002	1	2	.	.	.
IP17...0003	1	1	1	1	2
IP17...0004	4				
IP17...0005	1	2	2	.	.
IP17...0006	6				
IP17...0007	1	2	1	2	1
IP17...0008	1	3	2	1	1

It can be seen from the data shown in Figure 2 that some of the respondents have followed filter instructions from routing questions incorrectly:

> Respondents 5 and 7 have reported that their admission to hospital was planned or from a waiting list (Q1=2), but have both responded to subsequent filtered questions which are only applicable to emergency patients (respondent 5 has answered the first filtered question (Q2) before skipping the remaining questions, whilst respondent 7 has answered Q2-Q4).

By following the cleaning instructions detailed above in Section 3.2, these inappropriate responses will be removed. Firstly, the filter instructions listed in Figure 1 specify that:

if	**Q1**	=	2	*then delete responses to:*	**Q2 – Q4**

In accordance with this, all responses for Q2, Q3, and Q4 must be removed in cases where the respondent has crossed Q1=2 ("Waiting list or planned in advance"). Looking in column Q1 of Figure 2 we can see that three respondents (2, 5 and 7), have responded Q1=2, so any responses they gave to Q2, Q3 and Q4 need to be removed. This will lead to one response being removed for respondent 5 (Q2) and three responses being removed for respondent 7 (Q2, Q3, and Q4).

Figure 3 (below) shows how the data would look following cleaning by the Survey Coordination Centre to remove responses to filtered questions that should have been skipped. Shaded cells represent cases where responses have been removed.

Figure 3 – Example cleaned data

Record	Outcome	Q1	Q2	Q3	Q4
Patient Record Number	Outcome of sending questionnaire (N)	Was your most recent hospital stay planned in advance or an emergency?	When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions Unit)?	While you were in the A&E Department, how much information about your condition or treatment was given to you?	Were you given enough privacy when being examined or treated in the A&E Department?
IP17...0001	6				
IP17...0002	1	2	.	.	.
IP17...0003	1	1	1	1	2
IP17...0004	4				
IP17...0005	1	2	.	.	.
IP17...0006	6				
IP17...0007	1	2	.	.	.
IP17...0008	1	3	2	1	1

Appendix B: Non-specific responses

The following table lists all 'non-specific responses' included in the 2017 Inpatient Survey.
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	Question	Non-specific responses
Q1	Was your most recent hospital stay planned in advance or an emergency?	-
Q2	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)?	-
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	5
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	4
Q5	When you were referred to see a specialist, were you offered a choice of hospital for your **first hospital appointment**?	4
Q6	How do you feel about the length of time you were on the waiting list before your admission to hospital?	-
Q7	Was your admission date changed by the hospital?	-
Q8	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?	4
Q9	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?	-
Q10	While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	3
Q11	While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	-
Q12	Did you change wards at night?	-
Q13	Did the hospital staff explain the reasons for being moved in a way you could understand?	-
Q14	Were you ever bothered by noise **at night** from **other patients**?	-
Q15	Were you ever bothered by noise **at night** from **hospital staff**?	-
Q16	In your opinion, how clean was the hospital room or ward that **you** were in?	-
Q17	Did you get enough help from staff to wash or keep yourself clean?	4
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	4, 5
Q19	How would you rate the hospital food?	5
Q20	Were you offered a choice of food?	-
Q21	Did you get enough help from staff to eat your meals?	4
Q22	During your time in hospital, did you get enough to drink?	4
Q23	When you had important questions to ask a doctor, did you get answers that you could understand?	4
Q24	Did you have confidence and trust in the doctors treating you?	-
Q25	Did doctors talk in front of you as if you weren't there?	-
Q26	When you had important questions to ask a nurse, did you get answers that you could understand?	4

CORE	Question	Non-specific responses
Q27	Did you have confidence and trust in the nurses treating you?	-
Q28	Did nurses talk in front of you as if you weren't there?	-
Q29	In your opinion, were there enough nurses on duty to care for **you** in hospital?	-
Q30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	-
Q31	Did you have confidence and trust in any **other clinical staff** treating you (e.g. physiotherapists, speech therapists, psychologists)?	4
Q32	In your opinion, did the members of staff caring for you work well together?	4
Q33	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	-
Q34	Were you involved as much as you wanted to be in decisions about your care and treatment?	-
Q35	Did you have confidence in the decisions made about your condition or treatment?	-
Q36	How much information about your condition or treatment was given to **you**?	5
Q37	Did you find someone on the hospital staff to talk to about your worries and fears?	4
Q38	Do you feel you got enough emotional support from hospital staff during your stay?	4
Q39	Were you given enough privacy when discussing your condition or treatment?	-
Q40	Were you given enough privacy when being examined or treated?	-
Q41	Were you ever in any pain?	-
Q42	Do you think the hospital staff did everything they could to help control your pain?	-
Q43	If you needed attention, were you able to get a member of staff to help you **within a reasonable time**?	4
Q44	During your stay in hospital, did you have an operation or procedure?	-
Q45	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	4
Q46	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	-
Q47	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	-
Q48	Did you feel you were involved in decisions about your discharge from hospital?	4
Q49	Were you given enough notice about when you were going to be discharged?	-
Q50	On the day you left hospital, was your discharge delayed for any reason?	-
Q51	What was the **MAIN** reason for the delay?	-
Q52	How long was the delay?	-
Q53	Where did you go after leaving hospital?	-
Q54	After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	4
Q55	When you left hospital, did you know what would happen next with your care?	4

CORE	Question	Non-specific responses
Q56	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	-
Q57	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	Did a member of staff tell you about medication **side effects** to watch for when you went home?	4
Q59	Were you told how to **take** your medication in a way you could understand?	4
Q60	Were you given clear written or printed information about your medicines?	4, 5
Q61	Did a member of staff tell you about any danger signals you should watch for after you went home?	4
Q62	Did hospital staff take your family or home situation into account when planning your discharge?	4, 5
Q63	Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	4, 5
Q64	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	3
Q65	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?	3
Q66	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)	3
Q67	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	-
Q68	Overall...	98
Q69	During your hospital stay, were you ever asked to give your views on the quality of your care?	3
Q70	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	3
Q71	Did you feel well looked after by the **non-clinical** hospital staff (e.g. cleaners, porters, catering staff)?	4
Q72	Who was the main person or people that filled in this questionnaire?	-
Q73	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.	-
Q74_1	Breathing problem, such as asthma	-
Q74_2	Blindness or partial sight	-
Q74_3	Cancer in the last 5 years	-
Q74_4	Dementia or Alzheimer' disease	-
Q74_5	Deafness or hearing loss	-
Q74_6	Diabetes	-
Q74_7	Heart problem, such as angina	-
Q74_8	Joint problem, such as arthritis	-
Q74_9	Kidney or liver disease	-
Q74_10	Learning disability	-
Q74_11	Mental health condition	-
Q74_12	Neurological condition	-

CORE	Question	Non-specific responses
Q74_13	Another long-term condition	-
Q75	Do any of these reduce your ability to carry out day-to-day activities?	-
Q76	Are you male or female?	-
Q77	What was your **year** of birth?	-
Q78	What is your religion?	-
Q79	Which of the following best describes how you think of yourself?	-
Q80	What is your ethnic group?	-