

INPATIENT QUESTIONNAIRE

What is the survey about?

This survey is about your **most recent** experience as an **inpatient** at the National Health Service hospital named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his / her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked 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 cross out the mistake and put a tick in the correct box.

Please **do not** write your name or address anywhere on the questionnaire.

Questions or help?

If you have any queries about the questionnaire, please call the helpline number given in the letter enclosed with this questionnaire.

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

Please remember, this questionnaire is about your **most recent** stay at the hospital named in the accompanying letter.

A. ADMISSION TO HOSPITAL

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

¹ Emergency or urgent
→ Go to Question 2

² Waiting list or planned in advance
→ Go to Question 6

³ Something else
→ Go to Question 2

THE EMERGENCY DEPARTMENT

2. When you arrived at the hospital, did you go to the Emergency Department (Casualty / A&E / Medical or Surgical Admissions unit)?

¹ Yes → Go to Question 3

² No → Go to Question 6

3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?

⁵⁰₁ Not enough

¹⁰⁰₂ Right amount

⁵⁰₃ Too much

⁰₄ I was not given any information about my treatment or condition

⁻₅ Don't know / Can't remember

4. Were you given enough privacy when being examined or treated in the Emergency Department?

¹⁰⁰₁ Yes, definitely

⁵⁰₂ Yes, to some extent

⁰₃ No

⁻₄ Don't know / Can't remember

5. Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?

¹⁰⁰₁ Less than 1 hour

⁷⁵₂ At least 1 hour but less than 2 hours

⁵⁰₃ At least 2 hours but less than 4 hours

²⁵₄ At least 4 hours but less than 8 hours

⁰₅ 8 hours or longer

⁻₆ Can't remember

¹⁰⁰₇ I did not have to wait

EMERGENCY & URGENTLY ADMITTED PATIENTS, now please go to Question 12

WAITING LIST & PLANNED ADMISSION PATIENTS, please continue to Question 6

WAITING LIST OR PLANNED ADMISSION

6. When you were referred to see a specialist, were you offered a choice of **hospital** for your first hospital appointment?

- 100₁ Yes
0₂ No
- 3 Don't know / Can't remember

7. Who referred you to see a specialist?

- ₁ A doctor from my local general practice
₂ Any other doctor or specialist
₃ A practice nurse or nurse practitioner
₄ Any other health professional (for example, a dentist, optometrist or physiotherapist)
₅ Don't know / Can't remember

Thinking about the person who first talked about referring you to hospital...

8. Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?

- 100₁ Up to 1 month
75₂ 1 to 2 months
50₃ 3 to 4 months
25₄ 5 to 6 months
0₅ More than 6 months
- 6 Don't know / Can't remember

9. How do you feel about the length of time you were on the waiting list before your admission to hospital?

- 100₁ I was admitted as soon as I thought was necessary
50₂ I should have been admitted a bit sooner
0₃ I should have been admitted a lot sooner

10. Were you given a choice of **admission dates**?

- 100₁ Yes
0₂ No
- 3 Don't know / Can't remember

11. Was your admission date changed by the hospital?

- 100₁ No
67₂ Yes, once
33₃ Yes, 2 or 3 times
0₄ Yes, 4 times or more

ALL TYPES OF ADMISSION

12. 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?

- 0₁ Yes, definitely
50₂ Yes, to some extent
100₃ No

B. THE HOSPITAL AND WARD

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

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

14. 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?

- 0₁ Yes → Go to Question 15
100₂ No → Go to Question 16

15. When you were **first** admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

- 1 Yes
2 No

Q14 and Q17 are scored together to provide a single score on whether patients who have not stayed in a critical care area have ever shared a sleeping area with members of the opposite sex.

Q14 and Q17 are not scored if option 1 ("Yes") is selected to Q13.

Q14 and Q17 score "100" if the respondent did not ever share a sleeping area with patients of the opposite sex, i.e. selected option 2 ("No") to Q14 AND option 2 ("No") to Q17.

If option 1 ("Yes") is selected for EITHER Q14 or Q17 then a score of "0" is assigned.

If ONE of Q14 & Q17 is missing, the other is used for scoring.

16. During your stay in hospital, how many wards did you stay in?

- 1 1 → Go to Question 19
2 2 → Go to Question 17
3 3 or more → Go to Question 17
4 Don't know / Can't remember → Go to Question 19

17. **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?

- 0₁ Yes → Go to Question 18
100₂ No → Go to Question 19

18. **After you moved**, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

- 1 Yes
2 No

19. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

- 0₁ Yes
100₂ Yes, because it had special bathing equipment that I needed
100₃ No
- 4 I did not use a bathroom or shower
- 5 Don't know / Can't remember

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

- 0₁ Yes
100₂ No

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

0₁ Yes

100₂ No

22. In your opinion, how clean was the hospital room or ward that **you** were in?

100₁ Very clean

67₂ Fairly clean

33₃ Not very clean

0₄ Not at all clean

23. How clean were the toilets and bathrooms that **you** used in hospital?

100₁ Very clean

67₂ Fairly clean

33₃ Not very clean

0₄ Not at all clean

- 5 I did not use a toilet or bathroom

24. Did you feel threatened during your stay in hospital by other patients or visitors?

0₁ Yes

100₂ No

25. Did you have somewhere to keep your personal belongings whilst on the ward?

100₁ Yes, and I could lock it if I wanted to

50₂ Yes, but I could not lock it

0₃ No

- 4 I did not take any belongings to hospital

- 5 Don't know / Can't remember

26. How would you rate the hospital food?

100₁ Very good

67₂ Good

33₃ Fair

0₄ Poor

- 5 I did not have any hospital food

27. Were you offered a choice of food?

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

28. Did you get enough help from staff to eat your meals?

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

- 4 I did not need help to eat meals

C. DOCTORS

29. When you had important questions to ask a doctor, did you get answers that you could understand?

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

- 4 I had no need to ask

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

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

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

- 0₁ Yes, often
50₂ Yes, sometimes
100₃ No

32. As far as you know, did doctors wash or clean their hands between touching patients?

- 100₁ Yes, always
50₂ Yes, sometimes
0₃ No
- 4 Don't know / Can't remember

D. NURSES

33. When you had important questions to ask a nurse, did you get answers that you could understand?

- 100₁ Yes, always
50₂ Yes, sometimes
0₃ No
- 4 I had no need to ask

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

- 100₁ Yes, always
50₂ Yes, sometimes
0₃ No

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

- 0₁ Yes, often
50₂ Yes, sometimes
100₃ No

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

- 100₁ There were always or nearly always enough nurses
50₂ There were sometimes enough nurses
0₃ There were rarely or never enough nurses

37. As far as you know, did nurses wash or clean their hands between touching patients?

- 100₁ Yes, always
50₂ Yes, sometimes
0₃ No
- 4 Don't know / Can't remember

E. YOUR CARE AND TREATMENT

38. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- 0₁ Yes, often
50₂ Yes, sometimes
100₃ No

39. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 100₁ Yes, definitely
50₂ Yes, to some extent
0₃ No

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

0₁ Not enough

100₂ The right amount

0₃ Too much

41. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

100₁ Yes, definitely

50₂ Yes, to some extent

0₃ No

- 4 No family or friends were involved

- 5 My family did not want or need information

- 6 I did not want my family or friends to talk to a doctor

42. Did you find someone on the hospital staff to talk to about your worries and fears?

100₁ Yes, definitely

50₂ Yes, to some extent

0₃ No

- 4 I had no worries or fears

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

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

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

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

45. Were you ever in any pain?

1 Yes → **Go to Question 46**

2 No → **Go to Question 47**

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

100₁ Yes, definitely

50₂ Yes, to some extent

0₃ No

47. How many minutes after you used the call button did it usually take before you got the help you needed?

100₁ 0 minutes/right away

75₂ 1-2 minutes

50₃ 3-5 minutes

25₄ More than 5 minutes

0₅ I never got help when I used the call button

- 6 I never used the call button

F. OPERATIONS & PROCEDURES

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

1 Yes → **Go to Question 49**

2 No → **Go to Question 56**

49. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

- 4 I did not want an explanation

50. Beforehand, did a member of staff explain what would be done during the operation or procedure?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

- 4 I did not want an explanation

51. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

- 4 I did not have any questions

52. Beforehand, were you told how you could expect to feel after you had the operation or procedure?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

53. Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

₁ Yes → **Go to Question 54**

₂ No → **Go to Question 55**

54. Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

55. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

G. LEAVING HOSPITAL

56. Did you feel you were involved in decisions about your discharge from hospital?

100₁ Yes, definitely

50₂ Yes, to some extent

0₃ No

- 4 I did not need to be involved

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

0₁ Yes → **Go to Question 58**

100₂ No → **Go to Question 60**

Q57 is used to score Q58 and Q59. See scoring notes under Q58 and Q59 for details.

58. What was the **MAIN** reason for the delay?
(Tick **ONE** only)

- 0₁ I had to wait for **medicines**
- 0₂ I had to wait to **see the doctor**
- 0₃ I had to wait for an **ambulance**
- 4 Something else

If response to Q57 is 2 (discharge **WAS NOT** delayed), Q58 is scored 100.

If response to Q57 is 1 (discharge **WAS** delayed), or if response to Q57 is missing **AND** response to Q58 is 1, 2, 3 or 4, the scores above are assigned to Q58.

59. How long was the delay?

- 75₁ Up to 1 hour
- 50₂ Longer than 1 hour but no longer than 2 hours
- 25₃ Longer than 2 hours but no longer than 4 hours
- 0₄ Longer than 4 hours

If response to Q58 is 4 (some other reason for the delay), Q59 is not scored.

If response to Q57 is 2 (discharge **WAS NOT** delayed), Q59 is scored 100.

If response to Q57 is 1 (discharge **WAS** delayed), or missing **AND** the response to Q58 is 1, 2 or 3, the scores above are assigned to Q59. If response to Q57 is 1 (discharge **WAS** delayed) and the response to Q58 is missing, Q59 is not scored.

60. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

- 100₁ Yes
- 0₂ No

61. Did a member of staff explain the **purpose** of the medicines you were to take at home in a way you could understand?

- 100₁ Yes, completely → **Go to Question 62**
- 50₂ Yes, to some extent
→ **Go to Question 62**
- 0₃ No
→ **Go to Question 62**
- 4 I did not need an explanation
→ **Go to Question 62**
- 5 I had no medicines
→ **Go to Question 65**

62. Did a member of staff tell you about medication **side effects** to watch for when you went home?

- 100₁ Yes, completely
- 50₂ Yes, to some extent
- 0₃ No
- 4 I did not need an explanation

63. Were you told how to **take** your medication in a way you could understand?

- 100₁ Yes, definitely
- 50₂ Yes, to some extent
- 0₃ No
- 4 I did not need to be told how to take my medication

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

- 100₁ Yes, completely
- 50₂ Yes, to some extent
- 0₃ No
- 4 Don't know / Can't remember

65. Did a member of staff tell you about any danger signals you should watch for after you went home?

100₁ Yes, completely

50₂ Yes, to some extent

0₃ No

- 4 It was not necessary

66. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

100₁ Yes, definitely

50₂ Yes, to some extent

0₃ No

- 4 No family or friends were involved

- 5 My family or friends did not want or need information

67. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

100₁ Yes

0₂ No

- 3 Don't know / Can't remember

68. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

100₁ Yes, I received copies

0₂ No, I did not receive copies

- 3 Not sure / Don't know

J. OVERALL

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

100₁ Yes, always

50₂ Yes, sometimes

0₃ No

70. How would you rate how well the doctors and nurses worked together?

100₁ Excellent

75₂ Very good

50₃ Good

25₄ Fair

0₅ Poor

71. Overall, how would you rate the care you received?

100₁ Excellent

75₂ Very good

50₃ Good

25₄ Fair

0₅ Poor

72. During your hospital stay, were you ever asked to give your views on the quality of your care?

100₁ Yes

0₂ No

- 3 Don't know / Can't remember

73. While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?

100₁ Yes

0₂ No

-₃ Don't know / Can't remember

74. Did you want to complain about the care you received in hospital?

0₁ Yes

100₃ No

K. ABOUT YOU

75. Are you male or female?

₁ Male

₂ Female

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

(Please write in) e.g.

1	9	3	1
---	---	---	---

1	9	Y	Y
---	---	---	---

77. Overall, how would you rate your health during the past **4 weeks**?

₁ Excellent

₂ Very good

₃ Good

₄ Fair

₅ Poor

₆ Very poor

78. Do you have any of the following long-standing conditions? (Tick **ALL** that apply)

₁ Deafness or severe hearing impairment
→ Go to 79

₂ Blindness or partially sighted
→ Go to 79

₃ A long-standing physical condition
→ Go to 79

₄ A learning disability → Go to 79

₅ A mental health condition
→ Go to 79

₆ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
→ Go to 79

₇ No, I do not have a long-standing condition
→ Go to 80

79. Does this condition(s) cause you difficulty with any of the following? (Tick **ALL** that apply)

₁ Everyday activities that people your age can usually do

₂ At work, in education, or training

₃ Access to buildings, streets, or vehicles

₄ Reading or writing

₅ People's attitudes to you because of your condition

₆ Communicating, mixing with others, or socialising

₇ Any other activity

₈ No difficulty with any of these

80. To which of these ethnic groups would you say you belong? (Tick **ONE** only)

a. WHITE

- 1 British
- 2 Irish
- 3 Any other White background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

OTHER COMMENTS

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

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.