

# 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.

## ADMISSION TO HOSPITAL

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

Emergency or urgent → **Go to 2**

Waiting list or planned in advance → **Go to 6**

Something else → **Go to 2**

## THE ACCIDENT & EMERGENCY DEPARTMENT

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

Yes → **Go to 3**

No → **Go to 6**

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

Not enough

Right amount

Too much

I was not given any information about my treatment or condition

Don't know / Can't remember

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

Yes, definitely

Yes, to some extent

No

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?

Less than 1 hour

At least 1 hour but less than 2 hours

At least 2 hours but less than 4 hours

At least 4 hours but less than 8 hours

8 hours or longer

Can't remember

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**?

- 1  Yes  
2  No, but I would have liked a choice  
3  No, but I did not mind  
4  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 referred you to hospital...***

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

- 100<sub>1</sub>  Up to 1 month  
75<sub>2</sub>  1 to 2 months  
50<sub>3</sub>  3 to 4 months  
25<sub>4</sub>  5 to 6 months  
0<sub>5</sub>  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?

- 100<sub>1</sub>  I was admitted as soon as I thought was necessary  
50<sub>2</sub>  I should have been admitted a bit sooner  
0<sub>3</sub>  I should have been admitted a lot sooner

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

- 100<sub>1</sub>  Yes  
0<sub>2</sub>  No  
- 3  Don't know / Can't remember

11. Was your admission date changed by the hospital?

- 100<sub>1</sub>  No  
67<sub>2</sub>  Yes, once  
33<sub>3</sub>  Yes, 2 or 3 times  
0<sub>4</sub>  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?

- 0<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
100<sub>3</sub>  No

## 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?

- 0<sub>1</sub>  Yes → Go to 15  
100<sub>2</sub>  No → Go to 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.

Q15 and Q18 are not scored.

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

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

- 0<sub>1</sub>  Yes → Go to 18  
100<sub>2</sub>  No → Go to 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?

- 0<sub>1</sub>  Yes  
100<sub>2</sub>  Yes, because it had special bathing equipment that I needed  
100<sub>3</sub>  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**?

- 0<sub>1</sub>  Yes  
100<sub>2</sub>  No

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

0<sub>1</sub>  Yes

100<sub>2</sub>  No

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

100<sub>1</sub>  Very clean

67<sub>2</sub>  Fairly clean

33<sub>3</sub>  Not very clean

0<sub>4</sub>  Not at all clean

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

100<sub>1</sub>  Very clean

67<sub>2</sub>  Fairly clean

33<sub>3</sub>  Not very clean

0<sub>4</sub>  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?

0<sub>1</sub>  Yes

100<sub>2</sub>  No

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

100<sub>1</sub>  Yes, and I could lock it if I wanted to

50<sub>2</sub>  Yes, but I could not lock it

0<sub>3</sub>  No

- 4  I did not take any belongings to hospital

- 5  Don't know / Can't remember

**26.** Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?

100<sub>1</sub>  Yes

0<sub>2</sub>  No

- 3  Can't remember

**27.** Were hand-wash gels available for patients and visitors to use?

100<sub>1</sub>  Yes

0<sub>2</sub>  Yes, but they were empty

0<sub>3</sub>  I did not see any hand-wash gels

- 4  Don't know / Can't remember

**28.** How would you rate the hospital food?

100<sub>1</sub>  Very good

67<sub>2</sub>  Good

33<sub>3</sub>  Fair

0<sub>4</sub>  Poor

- 5  I did not have any hospital food

**29.** Were you offered a choice of food?

100<sub>1</sub>  Yes, always

50<sub>2</sub>  Yes, sometimes

0<sub>3</sub>  No

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

100<sub>1</sub>  Yes, always

50<sub>2</sub>  Yes, sometimes

0<sub>3</sub>  No

- 4  I did not need help to eat meals

## DOCTORS

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

- 100<sub>1</sub>  Yes, always  
50<sub>2</sub>  Yes, sometimes  
0<sub>3</sub>  No  
- 4  I had no need to ask

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

- 100<sub>1</sub>  Yes, always  
50<sub>2</sub>  Yes, sometimes  
0<sub>3</sub>  No

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

- 0<sub>1</sub>  Yes, often  
50<sub>2</sub>  Yes, sometimes  
100<sub>3</sub>  No

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

- 100<sub>1</sub>  Yes, always  
50<sub>2</sub>  Yes, sometimes  
0<sub>3</sub>  No  
- 4  Don't know / Can't remember

## NURSES

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

- 100<sub>1</sub>  Yes, always  
50<sub>2</sub>  Yes, sometimes  
0<sub>3</sub>  No  
- 4  I had no need to ask

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

- 100<sub>1</sub>  Yes, always  
50<sub>2</sub>  Yes, sometimes  
0<sub>3</sub>  No

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

- 0<sub>1</sub>  Yes, often  
50<sub>2</sub>  Yes, sometimes  
100<sub>3</sub>  No

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

- 100<sub>1</sub>  There were always or nearly always enough nurses  
50<sub>2</sub>  There were sometimes enough nurses  
0<sub>3</sub>  There were rarely or never enough nurses

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

100<sub>1</sub>  Yes, always

50<sub>2</sub>  Yes, sometimes

0<sub>3</sub>  No

-<sub>4</sub>  Don't know / Can't remember

## YOUR CARE AND TREATMENT

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

0<sub>1</sub>  Yes, often

50<sub>2</sub>  Yes, sometimes

100<sub>3</sub>  No

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

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

0<sub>1</sub>  Not enough

100<sub>2</sub>  The right amount

0<sub>3</sub>  Too much

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

-<sub>4</sub>  No family or friends were involved

-<sub>5</sub>  My family did not want or need information

-<sub>6</sub>  I did not want my family or friends to talk to a doctor

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

-<sub>4</sub>  I had no worries or fears

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

100<sub>1</sub>  Yes, always

50<sub>2</sub>  Yes, sometimes

0<sub>3</sub>  No

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

100<sub>1</sub>  Yes, always

50<sub>2</sub>  Yes, sometimes

0<sub>3</sub>  No

47. Were you ever in any pain?

<sub>1</sub>  Yes → Go to 48

<sub>2</sub>  No → Go to 49

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

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

100<sub>1</sub>  0 minutes/right away

75<sub>2</sub>  1-2 minutes

50<sub>3</sub>  3-5 minutes

25<sub>4</sub>  More than 5 minutes

0<sub>5</sub>  I never got help when I used the call button

- <sub>6</sub>  I never used the call button

## OPERATIONS & PROCEDURES

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

<sub>1</sub>  Yes → Go to 51

<sub>2</sub>  No → Go to 58

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- <sub>4</sub>  I did not want an explanation

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- <sub>4</sub>  I did not want an explanation

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- <sub>4</sub>  I did not have any questions



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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

55. 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 56

2  No → Go to 57

56. 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?

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

## LEAVING HOSPITAL

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- 4  I did not need to be involved

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

0<sub>1</sub>  Yes → Go to 60

100<sub>2</sub>  No → Go to 62

Q59 is used to score Q60 and Q61. See scoring notes under Q60 and Q61 for details.

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

0<sub>1</sub>  I had to wait for **medicines**

0<sub>2</sub>  I had to wait to **see the doctor**

0<sub>3</sub>  I had to wait for an **ambulance**

- 4  Something else

If response to Q59 is 2 (discharge **WAS NOT** delayed), Q60 is scored 100.

If response to Q59 is 1 (discharge **WAS** delayed), and response to Q60 is 1, 2, 3 or 4, the scores above are assigned to Q60. If Q59 is missing, Q60 is not scored. If Q60 is missing, scoring is as per Q59.

61. How long was the delay?

75<sub>1</sub>  Up to 1 hour

50<sub>2</sub>  Longer than 1 hour but no longer than 2 hours

25<sub>3</sub>  Longer than 2 hours but no longer than 4 hours

0<sub>4</sub>  Longer than 4 hours

If response to Q60 is 4 (some other reason for the delay), Q61 is not scored.

If response to Q59 is 2 (discharge WAS NOT delayed), Q61 is scored 100.

If response to Q59 is 1 (discharge WAS delayed) AND the response to Q60 is 1, 2 or 3, the scores above are assigned to Q61.

If response to Q59 is 1 (discharge WAS delayed) AND the response to Q60 is missing, the scores above are assigned to Q61.

If response to Q59 is 1 (discharge WAS delayed) AND the response to Q61 is missing, Q61 is not scored.

If response to Q59 is missing, Q61 is not scored

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

100<sub>1</sub>  Yes

0<sub>2</sub>  No

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

100<sub>1</sub>  Yes, completely → **Go to 64**

50<sub>2</sub>  Yes, to some extent → **Go to 64**

0<sub>3</sub>  No → **Go to 64**

- 4  I did not need an explanation → **Go to 64**

- 5  I had no medicines → **Go to 67**

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- 4  I did not need an explanation

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- 4  I did not need to be told how to take my medication

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- 4  Don't know / Can't remember

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

100<sub>1</sub>  Yes, completely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- 4  It was not necessary

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

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

- 4  No family or friends were involved

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

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

100<sub>1</sub>  Yes

0<sub>2</sub>  No

-<sub>3</sub>  Don't know / Can't remember

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

100<sub>1</sub>  Yes, I received copies → **Go to 71**

0<sub>2</sub>  No, I did not receive copies  
→ **Go to**  
Error! Reference source not found.

-<sub>3</sub>  Not sure / Don't know → **Go to**  
Error! Reference source not found.

71. Were the letters written in a way that you could understand?

100<sub>1</sub>  Yes, definitely

50<sub>2</sub>  Yes, to some extent

0<sub>3</sub>  No

-<sub>4</sub>  Not sure / Don't know

## OVERALL

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

100<sub>1</sub>  Yes, always

50<sub>2</sub>  Yes, sometimes

0<sub>3</sub>  No

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

100<sub>1</sub>  Excellent

75<sub>2</sub>  Very good

50<sub>3</sub>  Good

25<sub>4</sub>  Fair

0<sub>5</sub>  Poor

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

100<sub>1</sub>  Excellent

75<sub>2</sub>  Very good

50<sub>3</sub>  Good

25<sub>4</sub>  Fair

0<sub>5</sub>  Poor

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

100<sub>1</sub>  Yes

0<sub>2</sub>  No

-<sub>3</sub>  Don't know / Can't remember

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

100<sub>1</sub>  Yes

0<sub>2</sub>  No

-<sub>3</sub>  Don't know / Can't remember

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

0<sub>1</sub>  Yes

100<sub>3</sub>  No

## ABOUT YOU

78. Are you male or female?

1  Male

2  Female

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

(Please write in) e.g. 

1	9	3	4
---	---	---	---

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

## Your own health state today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

### 80. Mobility

1  I have no problems in walking about

2  I have some problems in walking about

3  I am confined to bed

### 81. Self-Care

1  I have no problems with self-care

2  I have some problems washing or dressing myself

3  I am unable to wash or dress myself

### 82. Usual Activities (e.g. work, study, housework, family or leisure activities)

1  I have no problems with performing my usual activities

2  I have some problems with performing my usual activities

3  I am unable to perform my usual activities

### 83. Pain / Discomfort

1  I have no pain or discomfort

2  I have moderate pain or discomfort

3  I have extreme pain or discomfort

### 84. Anxiety / Depression

1  I am not anxious or depressed

2  I am moderately anxious or depressed

3  I am extremely anxious or depressed

Questions 80 - 84: EQ-5D. Copyright - The EuroQol Group.

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

- 1  Deafness or severe hearing impairment  
→ Go to 86
- 2  Blindness or partially sighted  
→ Go to 86
- 3  A long-standing physical condition  
→ Go to 86
- 4  A learning disability → Go to 86
- 5  A mental health condition  
→ Go to 86
- 6  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  
→ Go to 86
- 7  No, I do not have a long-standing condition  
→ Go to 87

**86.** 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

**87.** 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.**