

INPATIENT QUESTIONNAIRE

(Scored questionnaire)

What is the survey about?

This survey is about your **most recent** experience as an **inpatient** at the NHS 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 cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box and put a cross 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 our helpline number:

<Insert helpline number here>

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?
- ¹ Emergency or urgent → Go to 2
- ² Waiting list or planned in advance → Go to 5
- ³ Something else → Go to 2
(Not scored)

THE ACCIDENT & EMERGENCY DEPARTMENT

2. 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)?
- ¹ Yes → Go to 3
- ² No → Go to 5
(Not scored)
3. While you were in the A&E Department, how much information about your condition or treatment was given to you?
- 5**¹ Not enough
- 10**² Right amount
- 5**³ Too much
- 0**⁴ 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 A&E Department?
- 10**¹ Yes, definitely
- 5**² Yes, to some extent
- 0**³ No
- 4** Don't know / can't remember

EMERGENCY & URGENTLY ADMITTED PATIENTS, now please go to Question 9

WAITING LIST & PLANNED ADMISSION PATIENTS, please continue to Question 5

WAITING LIST OR PLANNED ADMISSION

5. 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
(Not scored)
6. How do you feel about the length of time you were on the waiting list before your admission to hospital?
- 10**¹ I was admitted as soon as I thought was necessary
- 5**² I should have been admitted a bit sooner
- 0**³ I should have been admitted a lot sooner
7. Was your admission date changed by the hospital?
- 10**¹ No
- 6.7**² Yes, once
- 3.3**³ Yes, 2 or 3 times
- 0**⁴ Yes, 4 times or more

8. 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?

10¹ Yes, definitely

5² Yes, to some extent

0³ No

-4 Don't know / can't remember

ALL TYPES OF ADMISSION

9. 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

5² Yes, to some extent

10³ No

THE HOSPITAL & WARD

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

¹ Yes

² No

³ Don't know / can't remember

(Not scored)

11. While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

0¹ Yes

10² No

12. Did you change wards at night?

¹ Yes, but I would have preferred not to → Go to 13

² Yes, but I did not mind → Go to 13

³ No → Go to 14

(Not scored)

13. Did the hospital staff explain the reasons for being moved in a way you could understand?

10¹ Yes, completely

5² Yes, to some extent

0³ No

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

0¹ Yes

10² No

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

0¹ Yes

10² No

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

10¹ Very clean

6.7² Fairly clean

3.3³ Not very clean

0⁴ Not at all clean

17. Did you get enough help from staff to wash or keep yourself clean?

10¹ Yes, always

5² Yes, sometimes

0³ No

-⁴ I did not need help to wash or keep myself clean

18. If you brought your own medication with you to hospital, were you able to take it when you needed to?

10¹ Yes, always

5² Yes, sometimes

0³ No

-⁴ I had to stop taking my own medication as part of my treatment

-⁵ I did not bring my own medication with me to hospital

19. How would you rate the hospital food?

10¹ Very good

6.7² Good

3.3³ Fair

0⁴ Poor

-⁵ I did not have any hospital food

20. Were you offered a choice of food?

10¹ Yes, always

5² Yes, sometimes

0³ No

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

10¹ Yes, always

5² Yes, sometimes

0³ No

-⁴ I did not need help to eat meals

22. During your time in hospital, did you get enough to drink?

10¹ Yes

0² No, because I did not get enough help to drink

0³ No, because I was not offered enough drinks

-⁴ No, for another reason

DOCTORS

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

10¹ Yes, always

5² Yes, sometimes

0³ No

-⁴ I had no need to ask

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

10¹ Yes, always

5² Yes, sometimes

0³ No

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

- 0¹ Yes, often
5² Yes, sometimes
10³ No

NURSES

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

- 10¹ Yes, always
5² Yes, sometimes
0³ No
-⁴ I had no need to ask

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

- 10¹ Yes, always
5² Yes, sometimes
0³ No

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

- 0¹ Yes, often
5² Yes, sometimes
10³ No

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

- 10¹ There were always or nearly always enough nurses
5² There were sometimes enough nurses
0³ There were rarely or never enough nurses

30. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)

- 10¹ Yes, always
5² Yes, sometimes
0³ No

YOUR CARE & TREATMENT

31. Did you have confidence and trust in any **other clinical staff** treating you (e.g. physiotherapists, speech therapists, psychologists)?

- 10¹ Yes, always
5² Yes, sometimes
0³ No
-⁴ I was not seen by any other clinical staff

32. In your opinion, did the members of staff caring for you work well together?

- 10¹ Yes, always
5² Yes, sometimes
0³ No
-⁴ Don't know / can't remember

33. 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
5² Yes, sometimes
10³ No

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

- 10¹ Yes, definitely
5² Yes, to some extent
0³ No

35. Did you have confidence in the decisions made about your condition or treatment?

- 10¹ Yes, always
5² Yes, sometimes
0³ No

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

- 5¹ Not enough
10² Right amount
5³ Too much
0⁴ I was not given any information about my treatment or condition
-⁵ Don't know / can't remember

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

- 10¹ Yes, definitely
5² Yes, to some extent
0³ No
-⁴ I had no worries or fears

38. Do you feel you got enough emotional support from hospital staff during your stay?

- 10¹ Yes, always
5² Yes, sometimes
0³ No
-⁴ I did not need any emotional support

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

- 10¹ Yes, always
5² Yes, sometimes
0³ No

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

- 10¹ Yes, always
5² Yes, sometimes
0³ No

41. Were you ever in any pain?

- 1 Yes → Go to 42
2 No → Go to 43

(Not scored)

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

- 10¹ Yes, definitely
5² Yes, to some extent
0³ No

43. If you needed attention, were you able to get a member of staff to help you **within a reasonable time**?

- 10¹ Yes, always
5² Yes, sometimes
0³ No
-⁴ I did not want / need this

OPERATIONS & PROCEDURES

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

¹ Yes → Go to 45

² No → Go to 48

(Not scored)

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

¹⁰ ¹ Yes, completely

⁵ ² Yes, to some extent

⁰ ³ No

⁻⁴ I did not have any questions

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

¹⁰ ¹ Yes, completely

⁵ ² Yes, to some extent

⁰ ³ No

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

¹⁰ ¹ Yes, completely

⁵ ² Yes, to some extent

⁰ ³ No

LEAVING HOSPITAL

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

¹⁰ ¹ Yes, definitely

⁵ ² Yes, to some extent

⁰ ³ No

⁻⁴ I did not want to be involved

49. Were you given enough notice about when you were going to be discharged?

¹⁰ ¹ Yes, definitely

⁵ ² Yes, to some extent

⁰ ³ No

**Q50 is used to score Q51 & Q52:
please see notes on page 13**

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

⁰ ¹ Yes → Go to 51

¹⁰ ² No → Go to 53

51. What was the **MAIN** reason for the delay?
(Cross **ONE** box only)

⁰ ¹ I had to wait for **medicines**

⁰ ² I had to wait to **see the doctor**

⁰ ³ I had to wait for an **ambulance**

⁻⁴ Something else

52. How long was the delay?

^{7.5} ¹ Up to 1 hour

⁵ ² Longer than 1 hour but no longer than 2 hours

^{2.5} ³ Longer than 2 hours but no longer than 4 hours

⁰ ⁴ Longer than 4 hours

53. Where did you go after leaving hospital?

1 I went home → Go to 54

2 I went to stay with family or friends
→ Go to 54

3 I was transferred to another hospital
→ Go to 55

4 I went to a residential nursing home
→ Go to 55

5 I went somewhere else → Go to 55

(Not scored)

54. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?

10¹ Yes, definitely

5² Yes, to some extent

0³ No, but support would have been useful

-4 No, but I did not need any support

55. When you left hospital, did you know what would happen next with your care?

10¹ Yes, definitely

5² Yes, to some extent

0³ No

-4 It was not necessary

Question 56 scoring: please see notes on page 13

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

10¹ Yes

0² No

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

10¹ Yes, completely → Go to 58

5² Yes, to some extent → Go to 58

0³ No → Go to 58

-4 I did not need an explanation
→ Go to 58

-5 I had no medicines → Go to 61

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

10¹ Yes, completely

5² Yes, to some extent

0³ No

-4 I did not need an explanation

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

10¹ Yes, definitely

5² Yes, to some extent

0³ No

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

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

10¹ Yes, completely

5² Yes, to some extent

0³ No

-4 I did not need this

-5 Don't know / can't remember

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

- 10¹ Yes, completely
- 5² Yes, to some extent
- 0³ No
- ⁴ It was not necessary

62. Did hospital staff take your family or home situation into account when planning your discharge?

- 10¹ Yes, completely
- 5² Yes, to some extent
- 0³ No
- ⁴ It was not necessary
- ⁵ Don't know / can't remember

63. Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?

- 10¹ Yes, definitely
- 5² Yes, to some extent
- 0³ No
- ⁴ No family, friends or carers were involved
- ⁵ My family, friends or carers did not want or need information
- ⁶ I did not want my family, friends or carers to get information

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

- 10¹ Yes
- 0² No
- ³ Don't know / can't remember

65. 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?

- 10¹ Yes
- 0² No, but I would have liked them to
- ³ No, it was not necessary to discuss it

66. 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)

- 10¹ Yes
- 0² No, but I would have liked them to
- ³ No, it was not necessary to discuss it

OVERALL

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

- 10¹ Yes, always
- 5² Yes, sometimes
- 0³ No

68. Overall... (Please circle a number)

I had a very poor experience I had a very good experience

0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10

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

- 10¹ Yes
- 0² No
- ³ Don't know / can't remember

70. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?

10¹ Yes

0² No

-³ Not sure / don't know

71. Did you feel well looked after by the **non-clinical** hospital staff (e.g. cleaners, porters, catering staff)?

10¹ Yes, always

5² Yes, sometimes

0³ No

-⁴ I did not have contact with any non-clinical staff

ABOUT YOU

72. Who was the main person or people that filled in this questionnaire?

1 The **patient** (named on the front of the envelope)

2 A **friend or relative** of the patient

3 **Both** patient and friend/relative together

4 The patient with the help of a health professional

(Not scored)

Reminder: All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.

73. 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.

1 Yes

→ Go to 74

2 No

→ Go to 76

(Not scored)

74. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

1 Breathing problem, such as asthma

2 Blindness or partial sight

3 Cancer in the last 5 years

4 Dementia or Alzheimer's disease

5 Deafness or hearing loss

6 Diabetes

7 Heart problem, such as angina

8 Joint problem, such as arthritis

9 Kidney or liver disease

10 Learning disability

11 Mental health condition

12 Neurological condition

13 Another long-term condition

(Not scored)

75. Do any of these reduce your ability to carry out day-to-day activities?

1 Yes, a lot

2 Yes, a little

3 No, not at all

(Not scored)

76. Are you male or female?

¹ Male

² Female

(Not scored)

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

(Please write in) e.g.

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

Y	Y	Y	Y
---	---	---	---

(Not scored)

78. What is your religion?

¹ No religion

² Buddhist

³ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)

⁴ Hindu

⁵ Jewish

⁶ Muslim

⁷ Sikh

⁸ Other

⁹ I would prefer not to say

(Not scored)

79. Which of the following best describes how you think of yourself?

¹ Heterosexual / straight

² Gay / lesbian

³ Bisexual

⁴ Other

⁵ I would prefer not to say

(Not scored)

80. What is your ethnic group? (**Cross ONE box only**)

a. **WHITE**

¹ English / Welsh / Scottish / Northern Irish / British

² Irish

³ Gypsy or Irish Traveller

⁴ Any other White background, **write in...**

--

b. **MIXED / MULTIPLE ETHNIC GROUPS**

⁵ White and Black Caribbean

⁶ White and Black African

⁷ White and Asian

⁸ Any other Mixed / multiple ethnic background, **write in...**

--

c. **ASIAN / ASIAN BRITISH**

⁹ Indian

¹⁰ Pakistani

¹¹ Bangladeshi

¹² Chinese

¹³ Any other Asian background, **write in...**

--

d. **BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**

¹⁴ African

¹⁵ Caribbean

¹⁶ Any other Black / African / Caribbean background, **write in...**

--

e. **OTHER ETHNIC GROUP**

¹⁷ Arab

¹⁸ Any other ethnic group, **write in...**

--

(Not scored)



OTHER COMMENTS

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

Please note that the comments you provide in the box below will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

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.**

If you do not have your FREEPOST envelope, please return the questionnaire to:

**FREEPOST XXXX-XXXX-XXXX,
Address,
Address,
Address,
Address,**

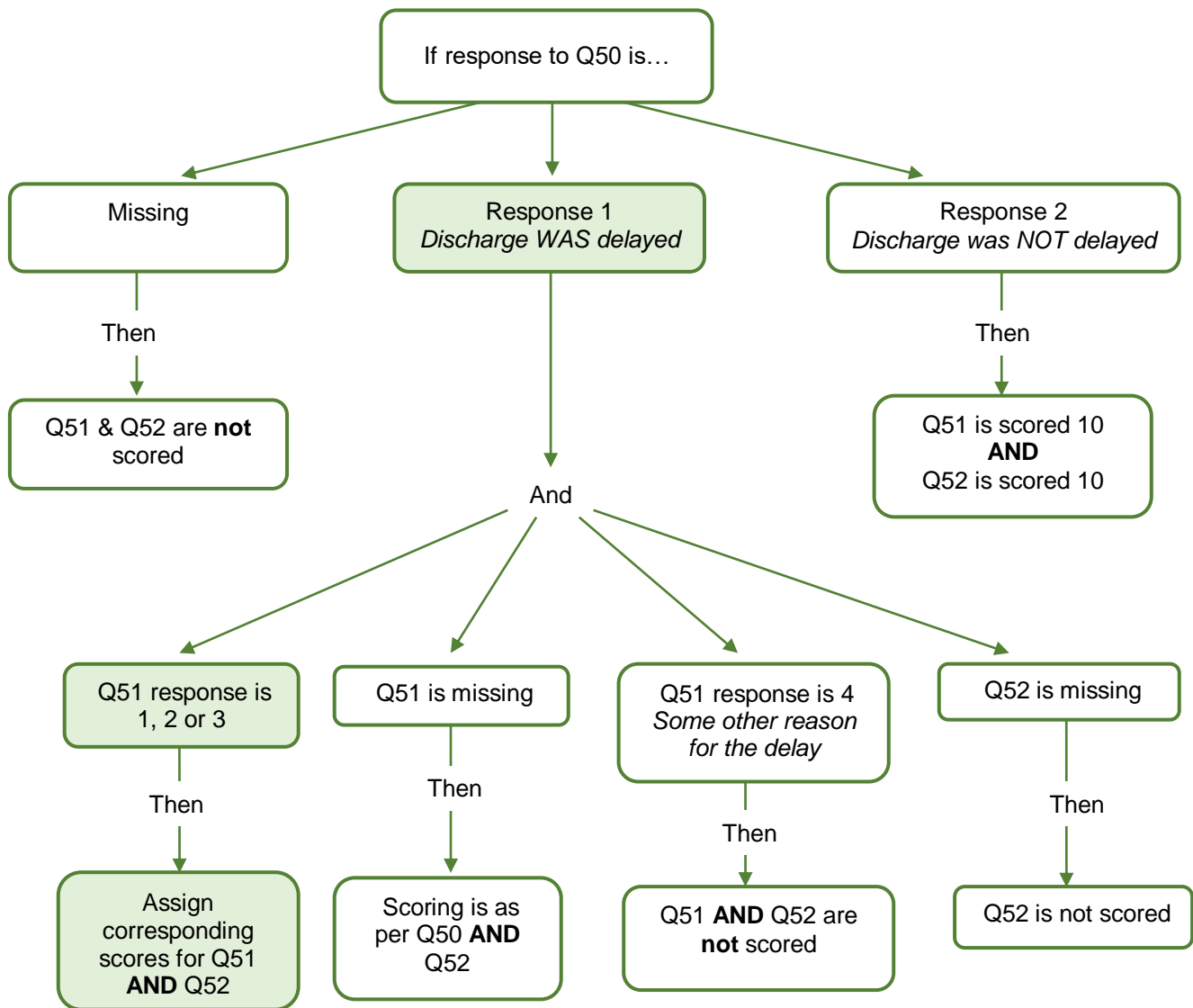
**If you have concerns about the care you or others have received please
contact CQC on 03000 61 61 61**

Questions 50, 51 and 52

Responses to these three questions are used in combination to score Q51 and Q52:

- If response to Q50 is missing, Q51 and Q52 are not scored.
- If response to Q51 is 4 (some other reason for the delay), Q51 and Q52 are not scored.
- If response to Q50 is 2 (discharge WAS NOT delayed), Q51 is scored 10.
- If response to Q50 is 1 (discharge WAS delayed), and response to Q51 is 1, 2, or 3 the corresponding score for Q51 is assigned.
- If Q51 is missing, scoring is as per Q50.
- If response to Q50 is 2 (discharge WAS NOT delayed), Q52 is scored 10.
- If response to Q50 is 1 (discharge WAS delayed) AND the response to Q51 is 1, 2 or 3, the corresponding scoring for Q52 is assigned.
- If response to Q50 is 1 (discharge WAS delayed) AND the response to Q51 is missing, the corresponding scoring for Q52 is assigned.
- If response to Q50 is 1 (discharge WAS delayed) AND the response to Q52 is missing, Q52 is not scored.

The algorithm below illustrates these instructions. The boxes highlighted in green denote the “standard” case if a discharge had been delayed:



Question 56

For patients who ticked response option 3 to Q53 (I was transferred to another hospital), Q56 is not scored.