

# Inpatient Questionnaire

This questionnaire is about your **most recent** experience as an **inpatient** at the NHS hospital named in the letter enclosed with this questionnaire. This would have been when you had to stay **overnight** in hospital.

**What you tell us is confidential and taking part is voluntary.**

## 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 their point of view – not the point of view of the person who is helping.

## WHAT TO DO

Put a cross  clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box  and put a cross  in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

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

When you have filled in as much as you can, please return it in the Freepost envelope provided.

## NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on <insert helpline number here>

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

Please remember, this questionnaire is about your **most recent overnight 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?
- 1  Not enough **5**
  - 2  Right amount **10**
  - 3  Too much **5**
  - 4  I was not given any information about my treatment or condition **0**
  - 5  Don't know / can't remember **--**
4. Were you given enough privacy when being examined or treated in the A&E Department?
- 1  Yes, definitely → **Go to 9** **10**
  - 2  Yes, to some extent → **Go to 9** **5**
  - 3  No → **Go to 9** **0**
  - 4  Don't know / can't remember **--**  
→ **Go to 9**

**EMERGENCY & URGENTLY ADMITTED PATIENTS - go to Question 9**

**WAITING LIST & PLANNED ADMISSION PATIENTS - go 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?
- 1  I was admitted as soon as I thought was necessary **10**
  - 2  I should have been admitted a bit sooner **5**
  - 3  I should have been admitted a lot sooner **0**
7. Was your admission date changed by the hospital?
- 1  No **10**
  - 2  Yes, once **6.7**
  - 3  Yes, 2 or 3 times **3.3**
  - 4  Yes, 4 times or more **0**

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?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 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?

- 1  Yes, definitely 0
- 2  Yes, to some extent 5
- 3  No 10

### 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?

- 1  Yes 0
- 2  No 10

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?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0

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

- 1  Yes 0
- 2  No 10

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

- 1  Yes 0
- 2  No 10

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

- 1  Very clean 10
- 2  Fairly clean 6.7
- 3  Not very clean 3.3
- 4  Not at all clean 0

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 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?

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 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?

- 1  Very good 10
- 2  Good 6.7
- 3  Fair 3.3
- 4  Poor 0
- 5  I did not have any hospital food --

20. Were you offered a choice of food?

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 4  I did not need help to eat meals --

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

- 1  Yes 10
- 2  No, because I did not get enough help to drink 0
- 3  No, because I was not offered enough drinks 0
- 4  No, for another reason --

## DOCTORS

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 4  I had no need to ask --

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

25. Did doctors talk in front of you as if you weren't there?
- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, often     | 0  |
| 2 | <input type="checkbox"/> Yes, sometimes | 5  |
| 3 | <input type="checkbox"/> No             | 10 |

## NURSES

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

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, always          | 10 |
| 2 | <input type="checkbox"/> Yes, sometimes       | 5  |
| 3 | <input type="checkbox"/> No                   | 0  |
| 4 | <input type="checkbox"/> I had no need to ask | -- |

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

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, always    | 10 |
| 2 | <input type="checkbox"/> Yes, sometimes | 5  |
| 3 | <input type="checkbox"/> No             | 0  |

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

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, often     | 0  |
| 2 | <input type="checkbox"/> Yes, sometimes | 5  |
| 3 | <input type="checkbox"/> No             | 10 |

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

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> There were always or nearly always enough nurses | 10 |
| 2 | <input type="checkbox"/> There were sometimes enough nurses               | 5  |
| 3 | <input type="checkbox"/> There were rarely or never enough nurses         | 0  |

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

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, always    | 10 |
| 2 | <input type="checkbox"/> Yes, sometimes | 5  |
| 3 | <input type="checkbox"/> No             | 0  |

## YOUR CARE & TREATMENT

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

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, always                                | 10 |
| 2 | <input type="checkbox"/> Yes, sometimes                             | 5  |
| 3 | <input type="checkbox"/> No   | 0  |
| 4 | <input type="checkbox"/> I was not seen by any other clinical staff | -- |

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

- |   |  |    |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, always                 | 10 |
| 2 | <input type="checkbox"/> Yes, sometimes              | 5  |
| 3 | <input type="checkbox"/> No                          | 0  |
| 4 | <input type="checkbox"/> 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?

- |   |   |    |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, often     | 0  |
| 2 | <input type="checkbox"/> Yes, sometimes | 5  |
| 3 | <input type="checkbox"/> No             | 10 |

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

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

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

- 1  Not enough 5
- 2  Right amount 10
- 3  Too much 5
- 4  I was not given any information about my treatment or condition 0
- 5  Don't know / can't remember --

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

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I had no worries or fears --

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 4  I did not need any emotional support --

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

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?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 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?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 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?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0

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?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0

### LEAVING HOSPITAL

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

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not want to be involved --

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

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0

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

- 1  Yes 0 → Go to 51
- 2  No 10 → Go to 53

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

- 1  I had to wait for **medicines** 0
- 2  I had to wait to **see the doctor** 0
- 3  I had to wait for **hospital transport** 0
- 4  Something else --

(Q50 is used to score Q51 & Q52: see notes on page 13)

52. How long was the delay?

- 1  Up to 1 hour 7.5
- 2  Longer than 1 hour but no longer than 2 hours 5
- 3  Longer than 2 hours but no longer than 4 hours 2.5
- 4  Longer than 4 hours 0

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?

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No, but support would have been useful 0
- 4  No, but I did not need any support --

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

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  It was not necessary --

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

- 1  Yes 10
- 2  No 0

(Q56 scoring: see notes on page 13)

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

- 1  Yes, completely → Go to 58 10
- 2  Yes, to some extent → Go to 58 5
- 3  No → Go to 58 0
- 4  I did not need an explanation → Go to 58 --
- 5  I had no medicines → Go to 60 --

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

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not need an explanation --

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

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not need this --
- 5  Don't know / can't remember --

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

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  It was not necessary --



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

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  It was not necessary --
- 5  Don't know / can't remember --

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

- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 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 --

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

- 1  Yes 10
- 2  No 0
- 3  Don't know / can't remember --

64. 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 the hospital?

- 1  Yes 10
- 2  No, but I would have liked them to 0
- 3  No, it was not necessary to discuss it --

65. 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)?

- 1  Yes 10
- 2  No, but I would have liked them to 0
- 3  No, it was not necessary to discuss it --

66. After being discharged, was the care and support you expected available when you needed it?

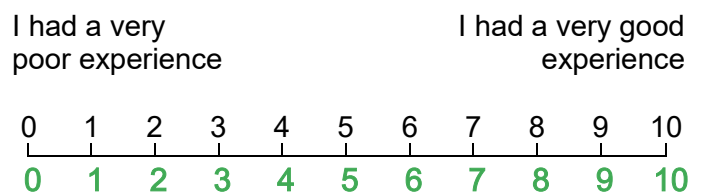
- 1  Yes 10
- 2  No 0
- 3  I did not expect any further care or support after I was discharged --

### OVERALL

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0

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



69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?

- 1  Yes, and I agreed to take part 10
- 2  Yes, but I did not want to take part 10
- 3  No 0
- 4  Don't know / can't remember --

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

- 1  Yes 10
- 2  No 0
- 3  Don't know / can't remember --

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

- 1  Yes 10
- 2  No 0
- 3  Not sure / don't know --

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

- 1  Yes, always 10
- 2  Yes, sometimes 5
- 3  No 0
- 4  I did not have contact with any non-clinical staff --

The entire 'About you' section (Q73 to Q81) is not scored

### ABOUT YOU

73. 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

**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.

74. 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 75
- 2  No → Go to 77

75. 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

76. 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

77. Have you experienced any of the following in the last twelve months? (Cross ALL that apply)

- 1  Problems with your physical mobility, such as difficulty getting about your home
- 2  Two or more falls that have needed medical attention
- 3  Feeling isolated from others
- 4  None of these

78. Are you male or female?

- 1  Male
- 2  Female

79. What was your year of birth?

(Please write in) e.g. 

1	9	6	4
---	---	---	---

--	--	--	--

80. 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

81. 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

**82. 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...**

**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 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**

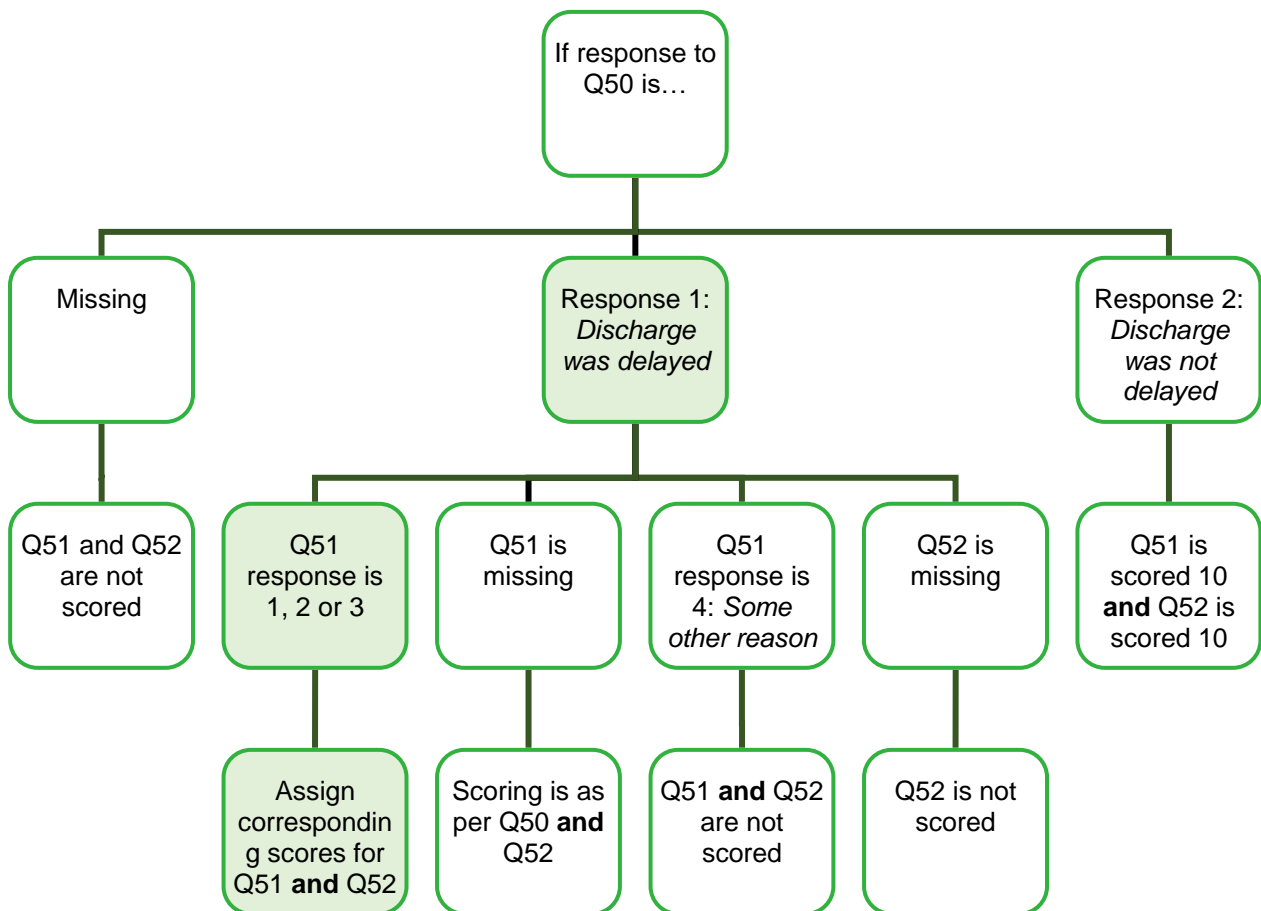
Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the **FREEPOST** envelope provided. No stamp is needed.

## Scoring rules for Questions 50, 51 and 52

Responses to these three questions are used in combination to score Q51 and Q52. The rules are bulleted below and displayed in figure 1. The boxes highlighted in figure 1 in green denote the 'standard' case if a discharge had been delayed.

- If response to Q50 is missing, Q51 and Q52 are not scored.
- If response to Q50 is 1 and response to Q51 is 1, 2 or 3, the corresponding scores for Q51 and Q52 are assigned.
- If response to Q50 is 1 and Q51 is missing, the corresponding scores for Q50 and Q52 are assigned.
- If response to Q50 is 1 and Q51 is 4, Q51 and Q52 are not scored.
- If response to Q50 is 1 and Q52 is missing, Q52 is not scored.
- If response to Q50 is 2, Q51 and Q52 are both scored 10.



## Scoring rule for Question 56

For patients who ticked response option 3 to Q53, Q56 is not scored.