

# NHS INPATIENT SURVEY

If you agree to take part in the survey, please complete the questionnaire and send it back in the FREEPOST envelope provided.

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 that 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.

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

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 overnight hospital stay planned in advance or an emergency?

- 1  Waiting list or planned in advance.....**Go to 2**  
 2  Emergency or urgent.....**Go to 4**  
 3  Don't know / can't remember...**Go to 2**

**NOT SCORED**

**2** How did you feel about the length of time you were on the waiting list before your admission to hospital?

- 10** 1  I did not mind waiting as long as I did  
**5** 2  I would like to have been admitted a bit sooner  
**0** 3  I would like to have been admitted a lot sooner  
**--** 4  Don't know / can't remember

**3** While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed?

- 1  It got much better  
 2  It got a bit better  
 3  It stayed about the same  
 4  It got a bit worse  
 5  It got much worse  
 6  Don't know / can't remember

**NOT SCORED**

**4** How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

- 10** 1  I did not have to wait  
**6.7** 2  I had to wait, but not for too long  
**3.3** 3  I had to wait a bit too long  
**0** 4  I had to wait far too long  
**--** 5  Don't know / can't remember

## THE HOSPITAL AND WARD

**5** Were you ever prevented from sleeping at night by any of the following?

Please cross X in all the boxes that apply to you.

- 0 <sup>1</sup>  Noise from other patients  
0 <sup>2</sup>  Noise from staff  
-- <sup>3</sup>  Noise from medical equipment  
0 <sup>4</sup>  Hospital lighting  
-- <sup>5</sup>  Something else  
10 <sup>6</sup>  None of these

Answer codes 1, 2 and 4 are reported and scored individually

**6** Did you ever change wards during the night?

- <sup>1</sup>  Yes, once.....Go to 7  
<sup>2</sup>  Yes, more than once.....Go to 7  
<sup>3</sup>  No.....Go to 8  
<sup>4</sup>  Don't know / can't remember.....Go to 8

NOT SCORED

**7** Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

- 10 <sup>1</sup>  Yes, completely  
5 <sup>2</sup>  Yes, to some extent  
0 <sup>3</sup>  No, but I would have liked an explanation  
-- <sup>4</sup>  No, but I did not need an explanation  
-- <sup>5</sup>  Can't remember

**8** How clean was the hospital room or ward that you were in?

- 10 <sup>1</sup>  Very clean  
6.7 <sup>2</sup>  Fairly clean  
3.3 <sup>3</sup>  Not very clean  
0 <sup>4</sup>  Not at all clean  
-- <sup>5</sup>  Don't know / can't remember

**9** Did you get enough help from staff to wash or keep yourself clean?

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I did not need help

**10** If you brought medication with you to hospital, were you able to take it when you needed to?

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I had to stop taking my medication as part of my treatment  
-- <sup>5</sup>  I did not bring medication with me to hospital

**11** Were you offered food that met any dietary needs or requirements you had?

This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food.

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I did not have any dietary needs or requirements  
-- <sup>5</sup>  I was fed through tube feeding.....Go to 15  
-- <sup>6</sup>  I did not have any hospital food.....Go to 15

**12** How would you rate the hospital food?

- 10 <sup>1</sup>  Very good  
7.5 <sup>2</sup>  Fairly good  
5 <sup>3</sup>  Neither good nor poor  
2.5 <sup>4</sup>  Fairly poor  
0 <sup>5</sup>  Very poor

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

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I did not need help to eat meals

**14** Were you able to get hospital food outside of set meal times?

This could include additional food if you missed set meal times due to operations/procedures or another reason.

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I did not need this  
-- <sup>5</sup>  Don't know / can't remember

**15** During your time in hospital, did you get enough to drink?

Please cross X in all the boxes that apply to you.

- 10 <sup>1</sup>  Yes  
0 <sup>2</sup>  No, because I did not get enough help to drink  
0 <sup>3</sup>  No, because I was not given enough to drink  
-- <sup>4</sup>  No, for another reason  
-- <sup>5</sup>  I had a hydration drip

## DOCTORS

In this section, please think about all the doctors who cared for you. For example, consultants, junior doctors, and surgeons. Please do not include doctors who cared for you in A&E.

**16** When you asked doctors questions, did you get answers you could understand?

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I did not have any questions  
-- <sup>5</sup>  I did not feel able to ask questions

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

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never

**18** When doctors spoke about your care in front of you, were you included in the conversation?

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never

## NURSES

In this section, please think about all the nurses who cared for you. For example, nurses, nursing associates, clinical support workers, and healthcare assistants (HCAs). Please do not include nurses who cared for you in A&E.

**19** When you asked nurses questions, did you get answers you could understand?

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never  
-- <sup>4</sup>  I did not have any questions  
-- <sup>5</sup>  I did not feel able to ask questions

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

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never

**21** When nurses spoke about your care in front of you, were you included in the conversation?

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never

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

- 10 <sup>1</sup>  Yes, always  
5 <sup>2</sup>  Sometimes  
0 <sup>3</sup>  No, never

## YOUR CARE AND TREATMENT

**23** Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

- 0 <sup>1</sup>  Yes, often  
5 <sup>2</sup>  Sometimes  
10 <sup>3</sup>  No, never  
-- <sup>4</sup>  Don't know / can't remember

**24** To what extent did staff looking after you involve you in decisions about your care and treatment?

- 10  A great deal
- 6.7  A fair amount
- 3.3  Not very much
- 0  Not at all
- I was not able to be involved
- I didn't want to be involved

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

- 5  Too much
- 10  About the right amount
- 5  Too little
- 0  I was not given any information about my treatment or condition
- Don't know / can't remember

**26** Did you feel able to talk to members of hospital staff about your worries and fears?

- 10  Yes, always
- 5  Sometimes
- 0  No, never
- I had no worries or fears

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

- 10  Yes, always
- 5  Sometimes
- 0  No, never
- I did not want this
- Don't know / can't remember

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

- 10  Yes, always
- 5  Sometimes
- 0  No, never
- I was not in any pain
- Don't know / can't remember

**29** Were you able to get a member of staff to help you when you needed attention?

- 10  Yes, always
- 5  Sometimes
- 0  No, never
- I did not need attention

## OPERATIONS AND PROCEDURES

**30** During your stay in hospital, did you have any operations or procedures?

Please do not include blood tests, scans or x-rays.

- Yes.....Go to 31
- No.....Go to 33

NOT SCORED

**31** Beforehand, how well did hospital staff answer your questions about the operations or procedures?

- 10  Very well
- 6.7  Fairly well
- 3.3  Not very well
- 0  Not at all well
- I did not have any questions
- Don't know / can't remember

**32** After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

- 10  Very well
- 6.7  Fairly well
- 3.3  Not very well
- 0  Not at all well
- 0  I did not discuss this with staff
- Don't know / can't remember

## LEAVING HOSPITAL

**33** To what extent did staff involve you in decisions about you leaving hospital?

- 10  A great deal
- 6.7  A fair amount
- 3.3  Not very much
- 0  Not at all
- I did not want to be involved in decisions

**34** To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?

- 10 <sup>1</sup>  A great deal
- 6.7 <sup>2</sup>  A fair amount
- 3.3 <sup>3</sup>  Not very much
- 0 <sup>4</sup>  Not at all
- <sup>5</sup>  It was not necessary
- <sup>6</sup>  Don't know / can't remember

**35** Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

- 10 <sup>1</sup>  Yes
- 0 <sup>2</sup>  No, but I would have liked them to
- <sup>3</sup>  No, it was not necessary to discuss it
- <sup>4</sup>  Don't know / can't remember

**36** Were you given enough notice about when you were going to leave hospital?

- 10 <sup>1</sup>  Yes, definitely
- 5 <sup>2</sup>  Yes, to some extent
- 0 <sup>3</sup>  No

**37** Before you left hospital, were you given any information about what you should or should not do after leaving hospital?

**This includes any verbal, written or online information.**

- 10 <sup>1</sup>  Yes
- 0 <sup>2</sup>  No.....Go to 39
- <sup>3</sup>  Don't know / can't remember...Go to 39

**38** To what extent did you understand the information you were given about what you should or should not do after leaving hospital?

- 10 <sup>1</sup>  Very well
- 6.7 <sup>2</sup>  Fairly well
- 3.3 <sup>3</sup>  Not very well
- 0 <sup>4</sup>  Not at all well
- <sup>5</sup>  Don't know / can't remember

**39** Thinking about any medicine you were to take at home, were you given any of the following?

**Please cross X in all the boxes that apply to you.**

- 2.5 <sup>1</sup>  An explanation of the purpose of the medicine
- 2.5 <sup>2</sup>  An explanation on side effects
- 2.5 <sup>3</sup>  An explanation of how to take the medicine
- 2.5 <sup>4</sup>  Written information about your medicine
- 0 <sup>5</sup>  I was given medicine, but no information
- <sup>6</sup>  I had no medicine

**Note on scoring for Question 39:** This scoring is calculated by adding the scores from all responses (e.g. if three options are selected, the question score is 7.5). If respondents select any of the first four options as well as the fifth option, the first four responses are given priority in the scoring.

**40** Before you left hospital, did you know what would happen next with your care?

- 10 <sup>1</sup>  Yes, definitely
- 5 <sup>2</sup>  Yes, to some extent
- 0 <sup>3</sup>  No
- <sup>4</sup>  I did not need further care

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

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

**42** Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

**Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.**

- 10 <sup>1</sup>  Yes
- 0 <sup>2</sup>  No, but I would have liked them to
- <sup>3</sup>  No, it was not necessary to discuss it
- <sup>4</sup>  Don't know / can't remember

**43 Where did you go after leaving hospital?**

- 1  I went to my home
- 2  I went to stay with family or friends
- 3  I went to a nursing or care home
- 4  I was transferred to another hospital.....Go to 45
- 5  I went somewhere else

**NOT SCORED**

**44 After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?**

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

**OVERALL**

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

- 10 1  Yes, always
- 5 2  Sometimes
- 0 3  No, never

**46 Overall, how was your experience while you were in the hospital?**

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

- 0 1  0 – I had a very poor experience
- 1 2  1
- 2 3  2
- 3 4  3
- 4 5  4
- 5 6  5
- 6 7  6
- 7 8  7
- 8 9  8
- 9 10  9
- 10 11  10 – I had a very good experience

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

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

**ABOUT YOU**

The section "ABOUT YOU" is not scored

**48 Who was the main person or people that filled in this questionnaire?**

- 1  The **patient** (named on the letter)
- 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 or care worker

**NOT SCORED**

The following questions will help us to understand how experiences vary between different groups of the population. We will keep your answers completely confidential. Please remember, all the questions should be answered from the point of view of the person named on the letter.

**49 Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?**

Please cross X in all the boxes that apply to you.

- 1  Autism or autism spectrum condition
- 2  Breathing problem, such as asthma
- 3  Blindness or partial sight
- 4  Cancer in the last 5 years
- 5  Dementia or Alzheimer's disease
- 6  Deafness or hearing loss
- 7  Diabetes
- 8  Heart problem, such as angina
- 9  Joint problem, such as arthritis
- 10  Kidney or liver disease
- 11  Learning disability
- 12  Mental health condition
- 13  Neurological condition
- 14  Stroke (which affects your day-to-day life)
- 15  Another long-term condition
- 16  None of the above.....Go to 52
- 17  I would prefer not to say.....Go to 52

**NOT SCORED**



**50** Thinking about the condition(s) you selected, 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**

**51** Thinking about the condition(s) you selected, were these taken into account during your care and treatment, whilst you were in hospital?

- 10 1  Yes, definitely
- 5 2  Yes, to some extent
- 0 3  No, not at all
- 4  Don't know / can't remember

**52** Have you experienced any of the following in the last 12 months?

Please cross X in all the boxes that apply to you.

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

**NOT SCORED**

**53** What was your year of birth?

Please write in e.g.

1	9	6	4
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**NOT SCORED**

The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.

**54** At birth were you registered as...

- 1  Male
- 2  Female
- 3  Intersex
- 4  I would prefer not to say

**NOT SCORED**

**55** Is your gender the same as the sex you were registered as at birth?

- 1  Yes
- 2  No, please write your gender below

--

- 3  I would prefer not to say

**NOT SCORED**

**56** 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**

**57** Which of the following best describes your sexual orientation?

- 1  Heterosexual / straight
- 2  Gay / lesbian
- 3  Bisexual
- 4  Other
- 5  I would prefer not to say

**NOT SCORED**

**What is your ethnic group?**

Please cross X in ONE box only.

**a. WHITE**

- 1  English / Welsh / Scottish / Northern Irish / British
- 2  Irish
- 3  Gypsy or Irish Traveller
- 4  Any other White background, **please 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, **please write in**

**c. ASIAN / ASIAN BRITISH**

- 9  Indian
- 10  Pakistani
- 11  Bangladeshi
- 12  Chinese
- 13  Any other Asian background, **please write in**

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

- 14  African
- 15  Caribbean
- 16  Any other Black / African / Caribbean background, **please write in**

**e. OTHER ETHNIC GROUP**

- 17  Arab
- 18  Any other ethnic group, **please write in**

- 19  I would prefer not to say  
**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 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 **[INSERT FREEPOST ADDRESS HERE]**.

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