

Accident and Emergency (A&E) Department Questionnaire

This survey is about your **most recent** visit to the Accident and Emergency Department at the hospital named in the letter enclosed with this questionnaire. The department may also be referred to as **Casualty, Emergency Department** or **A&E**. It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

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

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 remember not to 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>** or email **<insert email helpline 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.

ARRIVAL

Please remember, this questionnaire is about your **most recent visit** to the A&E department at the hospital named in the letter.

1. Before attending A&E, did you go to or contact any other service for help with your condition? (e.g. 999, NHS 111 or a GP practice).
 - 1 Yes → Go to 3
 - 2 No → Go to 2

2. Why did you go to this A&E department first for help with your condition? (Cross ALL that apply)
 - 1 My condition was life threatening → Go to 5
 - 2 I did not think my GP practice would be able to help with my condition → Go to 5
 - 3 I could not get a GP appointment → Go to 5
 - 4 I thought I might need tests, e.g. x-rays or blood tests → Go to 5
 - 5 The A&E department is easy to get to → Go to 5
 - 6 I went to A&E last time I needed help → Go to 5
 - 7 I did not know where else to go → Go to 5
 - 8 A different reason → Go to 5
 - 9 Don't know → Go to 5

3. Before going to this A&E department, where did you go to, or contact, for help with your condition? (Cross ALL that apply)
 - 1 999 emergency service
 - 2 NHS 111 telephone service
 - 3 NHS 111 online service
 - 4 A different A&E department
 - 5 Pharmacist
 - 6 GP practice
 - 7 GP out-of-hours service
 - 8 Urgent Treatment Centre/ Urgent Care Centre / Minor Injuries Unit / Walk-in Centre
 - 9 Somewhere else

4. What was the **MAIN** reason for going to A&E following your contact with the service(s) you selected at Q3? (Cross ONE only)
 - 1 The service(s) referred / took me
 - 2 I couldn't get a GP appointment quickly enough
 - 3 I was told to go to a GP, but I am not registered with one
 - 4 My condition became worse
 - 5 I was not satisfied with the help I received
 - 6 A different reason

5. Before your most recent visit to A&E, had you previously been to **the same** A&E department about **the same condition** or something related to it?
 - 1 Yes, within the previous week
 - 2 Yes, between one week and one month earlier
 - 3 Yes, more than a month earlier
 - 4 No
 - 5 Don't know / can't remember

6. Were you given enough privacy when discussing your condition with the **receptionist**?
 - 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not discuss my condition with a receptionist

WAITING

7. How long did you wait before you **first spoke** to a nurse or doctor?
 - 1 0 -15 minutes
 - 2 16 - 30 minutes
 - 3 31- 60 minutes
 - 4 More than 60 minutes
 - 5 Don't know / can't remember

8. Sometimes, people will first talk to a doctor or nurse and be examined later. **From the time you arrived**, how long did you wait **before being examined** by a doctor or nurse?
- 1 I did not have to wait → **Go to 12**
 - 2 1-30 minutes → **Go to 9**
 - 3 31-60 minutes → **Go to 9**
 - 4 More than 1 hour but no more than 2 hours → **Go to 9**
 - 5 More than 2 hours but no more than 4 hours → **Go to 9**
 - 6 More than 4 hours → **Go to 9**
 - 7 Don't know / can't remember → **Go to 9**
9. Were you informed **how long** you would have to wait to be examined?
- 1 Yes
 - 2 No
 - 3 Don't know / can't remember
10. Were you **kept updated** on how long your wait would be?
- 1 Yes
 - 2 No
 - 3 This was not necessary
 - 4 Don't know / can't remember
11. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
- 1 Yes
 - 2 No
 - 3 I did not need any help with my condition or symptoms
12. Overall, how long did your visit to **A&E** last?
- 1 Up to 1 hour
 - 2 More than 1 hour but no more than 2 hours
 - 3 More than 2 hours but no more than 4 hours
 - 4 More than 4 hours but no more than 6 hours
 - 5 More than 6 hours but no more than 8 hours
 - 6 More than 8 hours but no more than 12 hours
 - 7 More than 12 hours
 - 8 Can't remember

DOCTORS AND NURSES

Thinking about your experience in A&E only...

13. Did you have **enough time** to discuss your condition with the doctor or nurse?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
14. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?
- 1 Yes, completely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not need an explanation
15. Did the doctors and nurses listen to what you had to say?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
16. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
- 1 Yes, completely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not have any anxieties or fears
17. Did you have confidence and trust in the doctors and nurses examining and treating you?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
18. Did doctors or nurses talk to each other about you as if you weren't there?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No

19. When you were in A&E, did you have a family member, friend or carer with you?

1 Yes → Go to 20

2 No → Go to 21

20. If a family member, friend or carer wanted to talk to a health professional, did they have enough opportunity to do so?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I did not want a family member, friend or carer to talk to a health professional

YOUR CARE AND TREATMENT

21. While you were in A&E, did staff help you with your **communication needs**? (e.g. any language needs or communication needs related to a disability, sensory loss or impairment).

1 Yes, definitely

2 Yes, to some extent

3 No

4 I did not need this

5 Don't know / can't remember

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

1 Not enough

2 Right amount

3 Too much

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

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

1 Yes, definitely

2 Yes, to some extent

3 No

24. If **you** needed attention, were you able to get a member of medical or nursing staff to help you?

1 Yes, always

2 Yes, sometimes

3 No, I could not find a member of staff to help me

4 A member of staff was with me all the time

5 I did not need attention

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

1 Yes, definitely

2 Yes, to some extent

3 No

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

1 Yes, definitely

2 Yes, to some extent

3 No

4 I was not well enough to be involved in decisions about my care

TESTS

Tests could include X-rays, scans, blood tests or urine tests.

27. If you had any tests, did a member of staff explain **why you needed them** in a way you could understand?

1 Yes, completely → Go to 28

2 Yes, to some extent → Go to 28

3 No → Go to 28

4 I did not have any tests → Go to 30

28. Before you left A&E, did a member of staff explain the **results of the tests** in a way you could understand?

1 Yes, definitely → Go to 30

2 Yes, to some extent → Go to 30

3 No → Go to 30

4 Not sure / can't remember → Go to 30

5 I was given the results after I left A&E → Go to 29

29. If you did not get the results of the tests when you were in A&E, did a member of staff explain **how** you would receive them?

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

PAIN

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not in pain while I was in A&E
- 5 Can't say / don't know

HOSPITAL ENVIRONMENT AND FACILITIES

31. In your opinion, how clean was the A&E department?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Can't say

32. While you were in A&E, did you feel threatened by other patients or visitors?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

33. Were you able to get suitable food or drinks when you were in A&E?

- 1 Yes
- 2 No
- 3 I was told not to eat or drink
- 4 I did not know if I was allowed to eat or drink
- 5 I did not want anything to eat or drink

LEAVING A&E

34. What happened at the end of your visit to A&E?

- 1 I was admitted to or transferred to a hospital ward → [Go to 46](#)
- 2 My hospital care continued at home / my place of residence (e.g. you take and submit readings of your heart rate, blood oxygen levels, temperature etc) → [Go to 35](#)
- 3 I was discharged and sent home / somewhere else → [Go to 36](#)

35. While at home / your place of residence, did you get the care and support you needed?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Can't say / don't know

MEDICATIONS (e.g. medicines, tablets, ointments)

36. Before you left A&E, were you prescribed any **new** medications?

- 1 Yes → [Go to 37](#)
- 2 No → [Go to 39](#)

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

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

38. Did a member of staff tell you about **medication side effects** to watch for?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

INFORMATION

39. Did a member of staff tell you about what **symptoms to watch for** regarding your illness or treatment after you went home?
- 1 Yes, completely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not need this type of information
40. Did hospital staff tell you **who to contact** if you were worried about your condition or treatment after you left A&E? **(Cross ALL that apply)**
- 1 Yes, to contact my GP
 - 2 Yes, to contact 111 services
 - 3 Yes, to contact A&E
 - 4 Yes, to contact another service
 - 5 No
 - 6 Don't know / can't remember
41. Did staff give you enough information to help you care for your condition at home?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not need this type of information
42. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?
- 1 Yes
 - 2 No
 - 3 It was not necessary
 - 4 Don't know / can't remember
43. Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E? (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)
- 1 Yes
 - 2 No, but I would have liked them to
 - 3 No, it was not necessary to discuss it

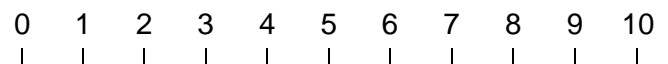
44. After leaving A&E, was the care and support you expected available **when** you needed it?
- 1 Yes
 - 2 No
 - 3 I did not expect any further care or support after I left A&E
45. If you had contact with care and support services after leaving A&E, did the health or social care staff have information about your visit?
- 1 Yes
 - 2 No
 - 3 Don't know / can't remember
 - 4 I did not contact care and support services

OVERALL

46. Overall, did you feel you were treated with respect and dignity while you were in A&E?
- 1 Yes, all of the time
 - 2 Yes, some of the time
 - 3 No

47. Overall... **(please circle a number)**

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



ABOUT YOU

48. 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 questions should be answered from the point of view of the person named on the envelope, including these background questions.

49. 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 50
2 No → Go to 52

50. 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 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

51. 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

52. 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

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.

53. At birth were you registered as...

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

54. 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

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

(Please write in) e.g.

1	9	6	4
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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

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

58. 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...**

ANY OTHER COMMENTS

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

*Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing.*

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