

Accident and Emergency (A&E) Department Questionnaire (Scored 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. Was this A&E department the **first** service you went to, or contacted, for help with your condition?

1 Yes → Go to 4

2 No → Go to 2

(Q1 not scored)

2. 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

(Q2 not scored)

3. What was the **MAIN** reason for going to A&E following your contact with the service(s) above? (Cross ONE only)

1 The service(s) (above) referred / took me

2 I couldn't get a GP appointment quickly enough

3 I am not registered with a GP

4 My condition became worse

5 I was not satisfied with the help I received

6 A different reason

(Q3 not scored)

4. Were you taken to A&E in an ambulance?

1 Yes → Go to 5

2 No → Go to 6

(Q4 not scored)

5. Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?

1 I did not have to wait 10

2 Up to 15 minutes 10

3 16 – 30 minutes 6.7

4 31 – 60 minutes 3.3

5 More than 1 hour but no more than 2 hours 0

6 More than 2 hours 0

7 Don't know / can't remember -

6. Were you given enough privacy when discussing your condition with the **receptionist**?

1 Yes, definitely 10

2 Yes, to some extent 5

3 No 0

4 I did not discuss my condition with a receptionist -

7. Were you treated in a separate area of A&E because you had coronavirus, or symptoms of coronavirus? *This is regardless of your reason for visiting.*

1 Yes

2 No

3 Don't know

4 Can't remember

(Q7 not scored)

8. 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

(Q8 not scored)

WAITING

9. How long did you wait before you **first spoke** to a nurse or doctor? *This does not include staff screening for coronavirus at the entrance to A&E.*

- 1 0 -15 minutes **10**
- 2 16 - 30 minutes **6.7**
- 3 31- 60 minutes **3.3**
- 4 More than 60 minutes **0**
- 5 Don't know / can't remember **-**

10. Did the nurse or doctor explain what would happen next?

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

11. 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 14** **10**
- 2 1-30 minutes → **Go to 12** **8**
- 3 31-60 minutes → **Go to 12** **6**
- 4 More than 1 hour but no more than 2 hours → **Go to 12** **4**
- 5 More than 2 hours but no more than 4 hours → **Go to 12** **2**
- 6 More than 4 hours → **Go to 12** **0**
- 7 Don't know / can't remember → **Go to 12** **-**

12. Were you informed **how long** you would have to wait to be examined?

- 1 Yes, but the wait was **shorter** **10**
- 2 Yes, and I had to wait about as long as I was informed **10**
- 3 Yes, but the wait was **longer** **5**
- 4 No, I was not informed **0**
- 5 Don't know / can't remember **-**

13. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?

- 1 Yes **10**
- 2 No **0**
- 3 I did not need any help with my condition or symptoms **-**

14. Overall, how long did your visit to **A&E** last?

- 1 Up to 1 hour **10**
- 2 More than 1 hour but no more than 2 hours **10**
- 3 More than 2 hours but no more than 4 hours **8**
- 4 More than 4 hours but no more than 6 hours **6**
- 5 More than 6 hours but no more than 8 hours **4**
- 6 More than 8 hours but no more than 12 hours **2**
- 7 More than 12 hours **0**
- 8 Can't remember **-**

DOCTORS AND NURSES

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

15. Did you have **enough time** to discuss your condition with the doctor or nurse?

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

16. 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 **10**
- 2 Yes, to some extent **5**
- 3 No **0**
- 4 I did not need an explanation **-**

17. Did the doctors and nurses listen to what you had to say?

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

18. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
- 1 Yes, completely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 I did not have any anxieties or fears -
19. Did you have confidence and trust in the doctors and nurses examining and treating you?
- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0
20. Did doctors or nurses talk to each other about you as if you weren't there?
- 1 Yes, definitely 0
- 2 Yes, to some extent 5
- 3 No 10

YOUR CARE AND TREATMENT

21. While you were in A&E, 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 condition or treatment 0
22. Were you given enough privacy when **being examined or treated**?
- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0

23. If **you** needed attention, were you able to get a member of medical or nursing staff to help you?
- 1 Yes, always 10
- 2 Yes, sometimes 5
- 3 No, I could not find a member of staff to help me 0
- 4 A member of staff was with me all the time 10
- 5 I did not need attention -
24. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?
- 1 Yes, definitely 0
- 2 Yes, to some extent 5
- 3 No 10
25. 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
- 4 I was not well enough to be involved in decisions about my care -

TESTS

26. Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E?
- 1 Yes → Go to 27
- 2 No → Go to 31
- (Q26 not scored)
27. Did a member of staff explain **why you needed** these test(s) in a way you could understand?
- 1 Yes, completely 10
- 2 Yes, to some extent 5
- 3 No 0
28. Before you left A&E, did you get the **results** of your tests?
- 1 Yes → Go to 29 10
- 2 No → Go to 30 0
- 3 I was told that the results of the tests would be given to me at a later date → Go to 30 -
- 4 Don't know / can't remember → Go to 31 -

29. Did a member of staff explain the **results of the tests** in a way you could understand?

- 1 Yes, definitely → Go to 31 10
- 2 Yes, to some extent → Go to 31 5
- 3 No → Go to 31 0
- 4 Not sure / can't remember → Go to 31 -

30. 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 10
- 2 No 0
- 3 Don't know / can't remember -

PAIN

31. 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
- 4 I was not in pain while I was in A&E -
- 5 Can't say / don't know -

HOSPITAL ENVIRONMENT AND FACILITIES

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

- 1 Very clean 10
- 2 Fairly clean 6.7
- 3 Not very clean 3.3
- 4 Not at all clean 0
- 5 Can't say -

33. While you were in A&E, did you see any of the following?

	1 Yes	2 No	3 Don't know
For each response option:	10	0	-
1 Social distancing measures (such as markers on the floor or signage at the entrance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Handwashing with hand sanitiser or soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Staff disposing of gloves and plastic aprons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Cleaning of surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Tissues available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Waste bins provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see additional scoring notes on Page 9

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

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

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

- 1 Yes 10
- 2 No 0
- 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

36. At the end of your visit to A&E, were you transferred to a hospital ward?

- 1 Yes → Go to 46
- 2 No → Go to 37
- (Q36 not scored)

**The entire 'About You' section (Q48 to Q58)
is not scored
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 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 Autism or autism spectrum 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

53. Around the time of your A&E visit, were you responsible for looking after, giving support to, or helping family members, friends, neighbours or others because of their:

- Long-term physical or mental ill health / disability, or
- Problems related to old age?

- 1 Yes
- 2 No

54. Are you male or female?

- 1 Male
- 2 Female

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 how you think of yourself?

- 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 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

Scoring rules for Question 33

The rules of scoring this question are bulleted below and displayed in Table 1.

- Response option 1 (Yes) is scored 10, response option 2 (No) is scored 0 and response option 3 (Don't know) is not scored.
- Scores are assigned to each response option for each item in the grid.
- An overall score will be calculated for each respondent, by summing the score given for each item and dividing it by the total number of items which is 7. An example is shown in Table 1.
- An overall trust score will be calculated by summing the respondents' overall scores and dividing by the total number of respondents in the trust.
- An overall national score will be calculated by summing the trusts' overall scores and dividing by the total number of trusts.

Trust	ID	Q33_1	Q33_2	Q33_3	Q33_4	Q33_5	Q33_6	Q33_7	Overall Respondent Score
RTT	Res 1	10	10	0	10	0	-	10	$(10+10+0+10+0+10)/7 = 5.71$
RTT	Res 2	0	10	0	0	10	-	10	$(0+10+0+0+10+10)/7 = 4.29$
RTT	Res 3	10	0	10	0	-	10	0	$(10+0+10+0+10+0)/7 = 4.29$
RTT	Res 4	0	0	10	-	-	0	0	$(0+0+10+0+0)/7 = 1.43$
RTT	Res 5	-	10	-	0	10	10	10	$(10+0+10+10+10)/7 = 5.71$
Overall Trust Score									$(5.71+4.29+4.29+1.43+5.71)/5 = 4.29$
RPO	Res 6	-	0	0	10	-	0	-	$(0+0+10+0)/7 = 1.43$
RPO	Res 7	0	10	10	0	10	-	-	$(0+10+10+0+10)/7 = 4.29$
RPO	Res 8	10	10	0	0	0	10	0	$(10+10+0+0+0+10+0)/7 = 4.29$
RPO	Res 9	10	0	0	-	10	0	10	$(10+0+0+10+0+10)/7 = 4.29$
RPO	Res 10	0	0	-	10	0	0	10	$(0+0+10+0+0+10)/7 = 2.86$
Overall Trust Score									$(1.43+4.29+4.29+4.29+2.86)/5 = 3.43$
Overall National Score									$(4.29+3.43)/2 = 3.86$

Table 1 Example of scoring for Q33