DAY CASE QUESTIONNAIRE

What is the survey about?

This survey is about your most recent experience as a day case at the National Health Service 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 tick ☑ clearly inside one box using a black or blue pen. For some questions you will be instructed that you may tick more than one box.

Sometimes you will find the box you have ticked 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 cross out the mistake and put a tick 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 the helpline number given in the letter enclosed with this questionnaire.

Taking part in this survey is voluntary. Your answers will be treated in confidence.
Please remember, this questionnaire is about your most recent visit as a day case patient to the hospital named in the accompanying letter.

A. BEFORE YOUR VISIT

A1. When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?

1. Yes  ➔ Go to A2
2. No, but I would have liked a choice  ➔ Go to A4
3. No, but I did not mind  ➔ Go to A4
4. Don’t know / Can’t remember  ➔ Go to A4

A2. Overall, did you get enough information about the different hospitals to make your choice?

1. Yes, definitely  ➔ Go to A3
2. I got some information, but not enough  ➔ Go to A3
3. No, but I would have liked information  ➔ Go to A4
4. I did not want / need information about different hospitals  ➔ Go to A4

A3. Was the information about different hospitals easy to understand?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not get any information

A4. Who referred you to see a specialist?

1. A doctor from my local general practice
2. Any other doctor or specialist
3. A practice nurse or nurse practitioner
4. Any other health professional (for example, a dentist, optometrist or physiotherapist)
5. Don’t know / Can’t remember

Thinking about the person who referred you to hospital…

A5. Overall, from the time you first talked to this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?

1. Up to 1 month
2. 1 to 2 months
3. 3 to 4 months
4. 5 to 6 months
5. More than 6 months
6. Don’t know / Can’t remember

A6. 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
2. I should have been admitted a bit sooner
3. I should have been admitted a lot sooner

A7. When you were told you would be going into hospital, were you given enough notice of your date of admission?

1. Yes, enough notice
2. No, not enough notice
3. Don’t know / Can’t remember
A8. Were you given a choice of admission dates?
1  ☐ Yes
2  ☐ No
3  ☐ Don’t know / Can’t remember

A9. Was your admission date changed by the hospital?
1  ☐ No
2  ☐ Yes, once
3  ☐ Yes, 2 or 3 times
4  ☐ Yes, 4 times or more

A10. Before being admitted to hospital, were you given any printed information about the hospital?
1  ☐ Yes
2  ☐ No

A11. Before being admitted to hospital, were you given any printed information about your condition or treatment?
1  ☐ Yes
2  ☐ No

B. ADMISSION TO HOSPITAL

B1. Was it possible to find a convenient place to park in the hospital car park?
1  ☐ Yes
2  ☐ No
3  ☐ I did not need to find a place to park
4  ☐ Don’t know / Can’t remember

B2. Once you arrived at the hospital, was it easy to find your way to the main reception?
1  ☐ Yes, definitely
2  ☐ Yes, but it could be improved
3  ☐ No
4  ☐ I did not need to go to the main reception
5  ☐ Don’t know / Can’t remember

B3. How organised was the admission process?
1  ☐ Very organised
2  ☐ Fairly organised
3  ☐ Not at all organised

B4. How would you rate the courtesy of the staff who admitted you?
1  ☐ Excellent
2  ☐ Very good
3  ☐ Good
4  ☐ Fair
5  ☐ Poor
6  ☐ Don’t know / Can’t say

C. THE HOSPITAL AND WARD

C1. While you were in hospital, did you ever share a room or bay with patients of the opposite sex?
1  ☐ Yes  ➔ Go to C2
2  ☐ No  ➔ Go to C3

C2. Did you mind sharing a room or bay with patients of the opposite sex?
1  ☐ Yes
2  ☐ No
C3. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

1. Yes
2. Yes, because it had special bathing equipment that I needed
3. No
4. I did not use a bathroom or shower
5. Don’t know / Can’t remember

C4. When you needed to use a toilet or bathroom, was there a suitable one located close by?

1. Yes
2. No
3. I did not use a toilet or bathroom
4. Don’t know / Can’t remember

C5. For most of your stay, what type of room or ward were you in?

1. A room by myself
2. A room with one other patient
3. A bay with 2-6 other patients, within a larger ward
4. A large, open-plan ward
5. A waiting room with other patients
6. A recovery room
7. Don’t know / Can’t say

C6. Did you feel threatened during your stay in hospital by other patients or visitors?

1. Yes
2. No

C7. Did you have somewhere to keep your personal belongings whilst you were in hospital?

1. Yes, and I could lock it if I wanted to
2. Yes, but I could not lock it
3. No
4. I did not take any belongings to hospital
5. Don’t know / Can’t remember

C8. Were you ever bothered by noise from other patients?

1. Yes
2. No

C9. Were you ever bothered by noise from hospital staff?

1. Yes
2. No

C10. In your opinion, how clean was the hospital room or ward that you were in?

1. Very clean
2. Fairly clean
3. Not very clean
4. Not at all clean

C11. How clean were the toilets and bathrooms that you used in hospital?

1. Very clean
2. Fairly clean
3. Not very clean
4. Not at all clean
5. I did not use a toilet or bathroom
C12. Did you see any posters or leaflets asking patients and visitors to wash their hands or to use hand-wash gels?

1. Yes
2. No
3. Can’t remember

C13. Were hand-wash gels available for patients and visitors to use?

1. Yes
2. Yes, but they were empty
3. I did not see any hand-wash gels
4. Can’t remember

C14. Did staff wear name badges?

1. Yes, all of the staff wore name badges
2. Some of the staff wore name badges
3. Very few or none of the staff wore name badges
4. Don’t know / Can’t remember

C15. Did staff treating and examining you introduce themselves?

1. Yes, all of the staff introduced themselves
2. Some of the staff introduced themselves
3. Very few or none of the staff introduced themselves
4. Don’t know / Can’t remember

C16. Did you find it easy to find your way around the hospital?

1. Yes, definitely
2. Yes, but it could be improved
3. No
4. I did not need to find my way around

C17. If you needed help from a hospital porter to get around the hospital did you get it?

1. Yes, as soon as I needed it ➔ Go to C18
2. Yes, but I had to wait ➔ Go to C18
3. No ➔ Go to C18
4. I did not need any help from a porter ➔ Go to D1

C18. How would you rate the courtesy of the hospital porters?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don’t know / Can’t say

D. DOCTORS

D1. When you had important questions to ask a doctor, did you get answers that you could understand?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to ask
D2. Did you have confidence and trust in the doctors treating you?

1. Yes, always
2. Yes, sometimes
3. No

D3. Did doctors talk in front of you as if you weren't there?

1. Yes, often
2. Yes, sometimes
3. No

D4. If you ever needed to talk to a doctor, did you get the opportunity to do so?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to talk to a doctor

D5. How would you rate the courtesy of your doctors?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

D6. Did you ever think that doctors were deliberately not telling you certain things that you wanted to know?

1. Yes, often
2. Yes, sometimes
3. Yes, only once
4. No, never

D7. In your opinion, did the doctors who treated you know enough about your condition or treatment?

1. All the doctors knew enough
2. Most of the doctors knew enough
3. Only some of the doctors knew enough
4. None of the doctors knew enough
5. Can't say

D8. As far as you know, did doctors wash or clean their hands between touching patients?

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know / Can't remember

E. NURSES

E1. When you had important questions to ask a nurse, did you get answers that you could understand?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to ask

E2. Did you have confidence and trust in the nurses treating you?

1. Yes, always
2. Yes, sometimes
3. No
E3. Did nurses talk in front of you as if you weren’t there?

1. Yes, often
2. Yes, sometimes
3. No

E4. In your opinion, were there enough nurses on duty to care for you in hospital?

1. There were always or nearly always enough nurses
2. There were sometimes enough nurses
3. There were rarely or never enough nurses

E5. If you ever needed to talk to a nurse, did you get the opportunity to do so?

1. Yes, always
2. Yes, sometimes
3. No
4. I had no need to talk to a nurse

E6. How would you rate the courtesy of your nurses?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

E7. Did you ever think that nurses were deliberately not telling you certain things that you wanted to know?

1. Yes, often
2. Yes, sometimes
3. Yes, only once
4. No, never

E8. In your opinion, did the nurses who treated you know enough about your condition or treatment?

1. All of the nurses knew enough
2. Most of the nurses knew enough
3. Only some of the nurses knew enough
4. None of the nurses knew enough
5. Can’t say

E9. As far as you know, did nurses wash or clean their hands between touching patients?

1. Yes, always
2. Yes, sometimes
3. No
4. Don’t know / Can’t remember

F. YOUR CARE AND TREATMENT

F1. 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. Yes, often
2. Yes, sometimes
3. No

F2. 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
F3. How much information about your condition or treatment was given to you?
1. Not enough
2. The right amount
3. Too much

F4. While you were in hospital, were you told your diagnosis (explanation of what was wrong with you)?
1. Yes ➔ Go to F5
2. No, but I already knew my diagnosis ➔ Go to F6
3. No, but I would have liked to be told ➔ Go to F6
4. No, but I did not want this information ➔ Go to F6
5. No, but I was told this information at a later date ➔ Go to F6
6. Don’t know / Can’t remember ➔ Go to F6

F5. Was your diagnosis explained to you in a way that you could understand?
1. Yes, completely
2. Yes, to some extent
3. No

F6. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
1. Yes, definitely
2. Yes, to some extent
3. No
4. No family or friends were involved
5. My family did not want or need information
6. I did not want my family or friends to talk to a doctor

F7. Did you find someone on the hospital staff to talk to about your worries and fears?
1. Yes, definitely
2. Yes, to some extent
3. No
4. I had no worries or fears

F8. Were you given enough privacy when discussing your condition or treatment?
1. Yes, always
2. Yes, sometimes
3. No

F9. Were you given enough privacy when being examined or treated?
1. Yes, always
2. Yes, sometimes
3. No

F10. Did you have to wear a hospital gown at any point during your stay in hospital?
1. Yes ➔ Go to F11
2. No ➔ Go to F12
3. Don’t know / Can’t remember ➔ Go to F12

F11. Did you have to spend time in an area with other patients while wearing the gown?
1. Yes, and I was not happy about it
2. Yes, but I did not mind
3. No
4. Don’t know / Can’t remember
F12. Were medical students present when you were being treated or examined?

1. Yes  ➔ Go to F13
2. No  ➔ Go to F15

F13. Were you asked for permission for medical students to be present when you were being treated or examined?

1. Yes
2. No

F14. Were you upset because medical students were present?

1. Yes
2. No

F15. How many minutes after you used the call button did it usually take before you got the help you needed?

1. 0 minutes / right away
2. 1-2 minutes
3. 3-5 minutes
4. More than 5 minutes
5. I never got help when I used the call button
6. I never used the call button / I did not have a call button

F16. When you needed help from staff getting to the bathroom or toilet, did you get it in time?

1. Yes, always
2. Yes, sometimes
3. No
4. I did not need help

F17. Were you ever in any pain?

1. Yes  ➔ Go to F18
2. No  ➔ Go to G1

F18. When you had pain, was it usually severe, moderate or mild?

1. Severe
2. Moderate
3. Mild

F19. During your stay in hospital, how much of the time were you in pain?

1. All or most of the time
2. Some of the time
3. Occasionally

F20. Did you ever request pain relief medication?

1. Yes  ➔ Go to F21
2. No  ➔ Go to F22

F21. How many minutes after you requested pain relief medication did it usually take before you got it?

1. 0 minutes / right away
2. 1-5 minutes
3. 6-10 minutes
4. 11-15 minutes
5. 16-30 minutes
6. More than 30 minutes
7. I never got pain relief medication when I asked for it
F22. While you were in hospital, were you given any medicine to help with your pain (such as tablets, a spray or pump) which you could decide when to take without having to ask hospital staff?

1. Yes
2. No

F23. Overall, how much pain relief medication did you get?

1. Enough
2. Not enough
3. Too much

F24. 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

G. OPERATIONS & PROCEDURES

G1. During your stay in hospital, did you have an operation or procedure?

1. Yes ➔ Go to G2
2. No ➔ Go to H1

G2. From the time you arrived at the hospital, did you feel that you had to wait a long time before having the operation or procedure?

1. Yes, definitely ➔ Go to G3
2. Yes, to some extent ➔ Go to G3
3. No ➔ Go to G4
4. Don’t know / Can’t remember ➔ Go to G4

G3. Were you told why you had to wait?

1. Yes
2. No, but I would have liked an explanation
3. No, but I did not mind
4. Don’t know / Can’t remember

G4. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

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

G5. Beforehand, did a member of staff explain what would be done during the operation or procedure?

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

G6. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

1. Yes, completely
2. Yes, to some extent
3. No
4. I did not have any questions
G7. Beforehand, were you told how you could expect to feel after you had the operation or procedure?

1. Yes, completely
2. Yes, to some extent
3. No

G8. Did you have enough time to discuss your operation or procedure with the consultant?

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

G9. Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

1. Yes  ➔ Go to G10
2. No  ➔ Go to G11

G10. Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

1. Yes, completely
2. Yes, to some extent
3. No

G11. 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
2. Yes, to some extent
3. No
4. Don’t know / Can’t remember

H. LEAVING HOSPITAL

H1. Did you feel you were involved in decisions about your discharge from hospital?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not need to be involved

H2. How do you feel about your length of stay in hospital?

1. It was too short
2. It was about right
3. It was too long
4. Don’t know / Can’t say

H3. Were your family or someone close to you given enough notice about your discharge?

1. Yes, definitely
2. Yes, to some extent
3. No
4. No family or friends were involved

H4. When you left hospital, was your discharge delayed for any reason?

1. Yes  ➔ Go to H5
2. No  ➔ Go to H10

H5. What was the MAIN reason for the delay? (Tick ONE only)

1. I had to wait for medicines
2. I had to wait to see the doctor
3. I had to wait for an ambulance
4. Something else
**H6.** How long was the delay?

1. **☐** Up to 1 hour  
2. **☐** Longer than 1 hour but no longer than 2 hours  
3. **☐** Longer than 2 hours but no longer than 4 hours  
4. **☐** Longer than 4 hours

**H7.** Did a member of staff tell you how long the delay would be?

1. **☐** Yes  
2. **☐** No

**H8.** Did a member of staff explain the reason for the delay?

1. **☐** Yes  
2. **☐** No

**H9.** Where did you spend your time waiting to be discharged from hospital?

1. **☐** In a bed on a ward  
2. **☐** In a discharge / transport lounge  
3. **☐** In the hospital reception  
4. **☐** On a ward, but not in bed  
5. **☐** Somewhere else

**H10.** Before you left hospital, did the doctors and nurses spend enough time explaining about your health and care after you arrive home?

1. **☐** Yes  
2. **☐** No

**H11.** 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  
2. **☐** No

**H12.** 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  
2. **☐** Yes, to some extent  
3. **☐** No  
4. **☐** I did not need an explanation  
5. **☐** I had no medicines

**H13.** Did a member of staff tell you about medication side effects to watch for when you went home?

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

**H14.** Were you told how to take your medication in a way you could understand?

1. **☐** Yes, definitely  
2. **☐** Yes, to some extent  
3. **☐** No  
4. **☐** I did not need to be told how to take my medication
H15. Were you given clear written or printed information about your medicines?
1. ☐ Yes, completely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ Don’t know / Can’t remember

H16. Did a member of staff tell you about any danger signals you should watch for after you went home?
1. ☐ Yes, completely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ It was not necessary

H17. Did hospital staff take your family or home situation into account when planning your discharge?
1. ☐ Yes, completely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ It was not necessary
5. ☐ Don’t know / Can’t remember

H18. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?
1. ☐ Yes, definitely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ It was not necessary

H19. Did hospital staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?
1. ☐ Yes, completely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ I did not need this type of information

H20. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
1. ☐ Yes
2. ☐ No
3. ☐ Don’t know / Can’t remember

H21. Did hospital staff discuss with you whether you would need any health or social care services after leaving hospital? (e.g. district nurse, care assistant, physiotherapist or social worker)
1. ☐ Yes
2. ☐ No
3. ☐ It was not necessary to discuss it

H22. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?
1. ☐ Yes, definitely
2. ☐ Yes, to some extent
3. ☐ No
4. ☐ I did not need any help in managing my condition
H23. Did hospital staff give you information about **voluntary and support groups** for people who have a similar condition in your local area?

1. Yes
2. No, but I would have liked some
3. No, but I got information from somewhere else
4. I did not want / need this information
5. Don’t know / Can’t remember

H24. Did hospital staff give you information about any **government assistance**, such as benefits, tax breaks or home care, for people in your situation or with your condition?

1. Yes
2. No, but I would have liked some
3. No, but I got information from somewhere else
4. I did not want / need this information
5. Don’t know / Can’t remember

H25. After leaving hospital, do you think you received enough care and assistance from health or social services?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not need assistance from health or social services after leaving hospital
5. Don’t know / Can’t remember

H26. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

1. Yes, I received copies  ➔ Go to H27
2. No, I did not receive copies
3. Not sure / Don’t know  ➔ Go to J1

H27. Were the letters written in a way that you could understand?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Not sure / Don’t know

J. OVERALL

J1. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

1. Yes, always
2. Yes, sometimes
3. No

J2. How would you rate how well the doctors and nurses worked together?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

J3. Overall, were you treated with kindness and understanding while you were in the hospital?

1. Yes, all of the time
2. Yes, some of the time
3. No
J4. Overall, how would you rate the care you received?
1  ☐ Excellent
2  ☐ Very good
3  ☐ Good
4  ☐ Fair
5  ☐ Poor

J5. Are you confident that the hospital is keeping your personal information / health records secure and confidential?
1  ☐ Yes
2  ☐ No

J6. Would you recommend this hospital to your family and friends?
1  ☐ Yes, definitely
2  ☐ Yes, probably
3  ☐ No

J7. While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?
1  ☐ Yes
2  ☐ No
3  ☐ Don’t know / Can’t remember

J8. Did you want to complain about the care you received in hospital?
1  ☐ Yes   ➔ Go to J9
2  ☐ No   ➔ Go to J10

J9. Did hospital staff give you the information you needed to do this?
1  ☐ Yes, completely
2  ☐ Yes, to some extent
3  ☐ No

J10. During your hospital stay, do you feel that you were treated unfairly for any of the reasons below? (Tick ALL that apply)
1  ☐ Your age
2  ☐ Your sex
3  ☐ Your race / ethnic background
4  ☐ Your religion
5  ☐ Your sexual orientation
6  ☐ A disability that you have
7  ☐ Another reason
8  ☐ None of these
9  ☐ Don’t know

K. ABOUT YOU

K1. Are you male or female?
1  ☐ Male
2  ☐ Female

K2. What was your year of birth?
(Please write in)  e.g. 1 9 3 4

1 9 Y Y
The following questions are optional. If you prefer, you may leave them blank.

K3. What is your religion?
1. None  ➔ Go to K6
2. Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  ➔ Go to K4
3. Muslim  ➔ Go to K4
4. Hindu  ➔ Go to K4
5. Sikh  ➔ Go to K4
6. Jewish  ➔ Go to K4
7. Buddhist  ➔ Go to K4
8. Any other religion (Please write in box)  ➔ Go to K4

K4. Were your religious beliefs respected by the hospital staff?
1. Yes, always
2. Yes, sometimes
3. No
4. My beliefs were not an issue during my hospital stay

K5. Were you able to practise your religious beliefs in the way you want to in hospital?
1. Yes, always
2. Yes, sometimes
3. No, never
4. I did not want or need to practice my religious beliefs whilst in hospital

K6. How old were you when you left full-time education?
1. 16 years or less
2. 17 or 18 years
3. 19 years or over
4. Still in full-time education

K7. Overall, how would you rate your health during the past 4 weeks?
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor
Your own health state today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

K8. Mobility
1. ☐ I have no problems in walking about
2. ☐ I have some problems in walking about
3. ☐ I am confined to bed

K9. Self-Care
1. ☐ I have no problems with self-care
2. ☐ I have some problems washing or dressing myself
3. ☐ I am unable to wash or dress myself

K10. Usual Activities (e.g. work, study, housework, family or leisure activities)
1. ☐ I have no problems with performing my usual activities
2. ☐ I have some problems with performing my usual activities
3. ☐ I am unable to perform my usual activities

K11. Pain/Discomfort
1. ☐ I have no pain or discomfort
2. ☐ I have moderate pain or discomfort
3. ☐ I have extreme pain or discomfort

K12. Anxiety/Depression
1. ☐ I am not anxious or depressed
2. ☐ I am moderately anxious or depressed
3. ☐ I am extremely anxious or depressed

K13. Do you have any of the following long-standing conditions? (Tick ALL that apply)
1. ☐ Deafness or severe hearing impairment ➔ Go to K14
2. ☐ Blindness or partially sighted ➔ Go to K14
3. ☐ A long-standing physical condition ➔ Go to K14
4. ☐ A learning disability ➔ Go to K14
5. ☐ A mental health condition ➔ Go to K14
6. ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy ➔ Go to K14
7. ☐ No, I do not have a long-standing condition ➔ Go to K15

K14. Does this condition(s) cause you difficulty with any of the following? (Tick ALL that apply)
1. ☐ Everyday activities that people your age can usually do
2. ☐ At work, in education, or training
3. ☐ Access to buildings, streets or vehicles
4. ☐ Reading or writing
5. ☐ People’s attitudes to you because of your condition
6. ☐ Communicating, mixing with others, or socialising
7. ☐ Any other activity
8. ☐ No difficulty with any of these

‘Your own health state today’ questions: EQ-5D. Copyright - The EuroQol Group.
K15. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE
1. □ British
2. □ Irish
3. □ Any other White background (Please write in box)

b. MIXED
4. □ White and Black Caribbean
5. □ White and Black African
6. □ White and Asian
7. □ Any other mixed background (Please write in box)

c. ASIAN OR ASIAN BRITISH
8. □ Indian
9. □ Pakistani
10. □ Bangladeshi
11. □ Any other Asian background (Please write in box)

d. BLACK OR BLACK BRITISH
12. □ Caribbean
13. □ African
14. □ Any other black background (Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP
15. □ Chinese
16. □ Any other ethnic group (Please write in box)

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

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