

GUIDANCE ON DATA CLEANING FOR THE OUTPATIENTS DEPARTMENT SURVEY 2009

THE CO-ORDINATION CENTRE FOR THE ACUTE PATIENT
SURVEY PROGRAMME

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Updates

Before you use this document, check that you have the latest version, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Co-ordination Centre website at:

www.NHSSurveys.org

Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please contact the Co-ordination Centre:

By e-mail: outpatients.data@pickereurope.ac.uk

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1 Outpatients Department Survey 2009 – data cleaning

1.1 Introduction

Once fieldwork for the 2009 outpatients department survey has been completed, participating trusts and contractors will be required to submit data to the Co-ordination Centre in a **raw ('uncleaned')** format. Following this, data for all trusts in the survey will be collated and the full dataset will be cleaned together to ensure that cleaning taking place on data pertaining to different trusts is comparable.

This document provides a description and specification of the processes that will be used by the Co-ordination Centre to clean and standardise data submitted by contractors and trusts as part of the 2009 national survey of outpatients departments. By following the guidance contained in this document, it should be possible to recreate this cleaning process.

If you have any comments or queries regarding this document please contact the Co-ordination Centre on **01865 208 127**, or e-mail us at outpatients.data@pickereurope.ac.uk.

1.2 The core and extended questionnaires

For the 2009 national survey of outpatient departments, all trusts have the option to use either the 58 item 'core' questionnaire or to use an extended questionnaire with further questions available from the 'question bank' for the survey. The Co-ordination Centre only requires data to be submitted for the 58 core items, and so all cleaning undertaken by ourselves will involve only these 58 core items. As such, this document looks only at the cleaning required for the core survey. Nonetheless, the rules and principles of data cleaning described here can be applied to data from an extended questionnaire.

1.3 Definitions

Definitions of terms commonly used in this document, as they apply to the 2009 national survey of outpatient departments are as follows:

Raw/uncleaned data: 'Raw' or 'uncleaned' data is data that has been entered verbatim from completed questionnaires without any editing taking place to remove contradictory or inappropriate responses; thus, all responses ticked on the questionnaire should be included in the data entry spreadsheet¹ (see [Section 2: Submitting raw \('uncleaned'\) data](#), for detailed guidance on submitting raw data). The requirement for raw/uncleaned data does **not**, however, preclude the checking of data for errors resulting from problems with data entry or similar. Ensuring high data quality is paramount and errors resulting from data entry problems can and should be corrected by checking against the appropriate completed questionnaire.

¹ Except where: a) multiple responses have been ticked - set these to missing (The **exceptions** to this are for the 'tick all that apply' questions **Q51** and **Q52** where respondents may tick more than one response option)

b) year of birth has been entered in incorrect format - if the patient's *intended* response is unambiguous from the questionnaire, then enter this.

Data cleaning: The Co-ordination Centre uses the term 'data cleaning' to refer to all editing processes undertaken upon survey data once the survey has been completed and the data has been entered and collated.

Routing questions: These are items on the questionnaire which instruct respondents to either continue on to the next question or to skip past irrelevant questions depending on their response to the routing question. For the 2009 national survey of outpatient departments, the routing questions in the core questionnaire are **Q5, Q7, Q12, Q20, Q31, Q35, Q38** and **Q51**.

Filtered questions: Items on the questionnaire that are not intended to be answered by all respondents are referred to as 'filtered' questions. Whether individual respondents are expected to answer filtered questions depends on their responses to preceding routing questions. For the 2009 national survey of outpatient departments, the filtered questions in the core questionnaire are **Q6, Q8, Q9, Q13 – Q19, Q21 – Q23, Q32 – Q34, Q36, Q37, Q39 – Q41** and **Q52**.

Non-filtered questions: these are items in the questionnaire which are not subject to any routing/filtering and which should therefore be answered by all respondents. For the 2009 national survey of outpatient departments, the non-filtered questions are **Q1 – Q5, Q7, Q10 – Q12, Q20, Q24 – Q31, Q35, Q38, Q42 – Q51** and **Q53 – Q58**.

Out-of-range data: This refers to instances where data within a variable has a value that is not permissible. For categorical data – as in the case of the majority of variables in this survey – this would mean a value not allowed in the data, for example, a value of '3' being entered in a variable with only two response categories (1 or 2). For scalar data – eg year of birth – data is considered to be out-of-range if it specifies a value that is not possible (for instance, year of birth as 983 or 2983). Out-of-range responses entered into the dataset should not be automatically (eg, algorithmically) removed prior to submitting the data to the Co-ordination Centre (see [Section 2: Submitting raw \('uncleaned'\) data](#)).

Non-specific response: This is a loose term for response options that can be considered as not being applicable to the respondent in terms of directly answering the specific question to which they are linked. Most commonly, these are responses such as "don't know/can't remember", which indicate a failure to recall the issue in question. Likewise, responses that indicate the question is not applicable to the respondent are considered 'non-specific' – for example, responses such as "I did not need an explanation" or "I did not use a toilet". A full listing of such responses for the 2009 national survey of outpatient departments can be found in [Appendix B: Non-specific responses](#)

2 Submitting raw ('uncleaned') data

For the 2009 national survey of outpatient departments, trusts and contractors are required to submit raw ('uncleaned') data to the Co-ordination Centre. For clarification, raw data is created as follows:

- i) All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (eg: where patients answer questions that they have been directed to skip past, these responses should still be entered)
- ii) Where a respondent has ticked more than one response category on a question, this should be set to 'missing' in the data. The **exceptions** to this are for the 'multiple response' questions, **Q51** and **Q52**, where respondents may tick more than one response option (ie 'tick all that apply')
- iii) Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead ticked a second response option, this second choice should be entered into the data
- iv) Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's *intended* response should be entered. For example, where a patient has written their *date* of birth in the boxes for **Q50**, but written their *year* of birth in at the side of this, then the respondent's year of birth should be entered
- v) For the year of birth question, unrealistic responses should still be entered *except* following **iv)** above. For example, if a respondent enters '2009' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side
- vi) Once the data has been entered, no responses should be removed or changed in any way *except* where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the patient's intended response has not been captured. This includes 'out-of-range' responses, which must **not** be *automatically* removed from the dataset. Responses in the dataset should only be changed before submission to the Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

3 Editing/cleaning data after submission

3.1 Approach and rationale

The aim of the Co-ordination Centre in cleaning the data submitted to us is to ensure an optimal balance between data quality and completeness. Thus, we seek to remove responses that are known to be erroneous or inappropriate, but do this in a relatively permissive way so as to enable as many responses as possible to contribute to the overall survey results.

3.2 Filters

Some of the questions included in the survey are only relevant to a subset of respondents, and in these cases filter instructions on the questionnaire are used to route respondents past questions that are not applicable to them. For example, people who tick “no” to **Q12** (“Was all or part of your outpatient appointment with a **doctor?**”) are instructed to skip all further questions on doctors (e.g. **Q13** to **Q19**).

It is necessary to clean the data to remove inappropriate responses where filter instructions have been incorrectly followed. In such cases, participants’ responses to questions that were not relevant to them are deleted from the dataset. Responses are only deleted where respondents have answered ‘filtered’ questions despite ticking an earlier response on a routing question instructing them to skip these questions (e.g. a respondent ticking “no” to **Q12** but then answering the seven questions about doctors as in the example above). Responses to ‘filtered’ questions are not removed where the response to the routing question is missing. For example, **Q13-Q19** are filtered by the response to **Q12** (e.g. if **Q12=2**), but if a respondent does not answer **Q12**, or if the **Q12** response is missing for any reason, then responses to **Q13-Q19** should not be removed.

[Figure 1](#) (below) shows a summary of all routing questions, and the filtered questions they relate to, that are included on the 2009 national survey of outpatient departments. Please note that these instructions should be followed sequentially in order to be consistent with the procedures applied by the Co-ordination Centre.

Figure 1 - List of routing/filtering instructions

ROUTING QUESTION	RESPONSE VALUES	FILTERED QUESTIONS
<i>if</i> Q5	= 2	<i>then delete responses to:</i> Q6
<i>if</i> Q7	= 1, 2, 3	<i>then delete responses to:</i> Q8 – Q9
<i>if</i> Q12	= 2	<i>then delete responses to:</i> Q13 – Q19
<i>if</i> Q20	= 2	<i>then delete responses to:</i> Q21 – Q23
<i>if</i> Q31	= 2	<i>then delete responses to:</i> Q32 – Q34
<i>if</i> Q35	= 2	<i>then delete responses to:</i> Q36 – Q37
<i>if</i> Q38	= 2	<i>then delete responses to:</i> Q39 – Q41
<i>if</i> Q51	= 7	<i>then delete responses to:</i> Q52

Please note that these instructions should be followed sequentially in the order shown above.

A worked example of the cleaning process for removing unexpected responses to filtered questions is included in [Appendix A: Example of cleaning](#).

3.3 Dealing with multiple response questions

For most questions, each column in the data file corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions **Q51** and **Q52** that give the instruction ‘Tick all that apply’, each response option is treated as a separate question, and so is given a separate column in the file.

Example

Q51. Do you have any of the following long-standing conditions? (Tick **ALL** that apply)

- 1 Deafness or severe hearing impairment
- 2 Blindness or partially sighted
- 3 A long-standing physical condition
- 4 A learning disability
- 5 A mental health condition
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 7 No, I do not have a long-standing condition

Responses to each part of this question are coded: **1 if the box is ticked**
0 if the box is not ticked¹

Q51 takes up seven columns in the data file, labelled as follows:

Column headings	Q51_1	Q51_2	Q51_3	Q51_4	Q51_5	Q51_6	Q51_7
Codings for this example	1	0	0	0	1	0	0

However, the last response to each of these questions is an exclusive option. If a respondent ticks option 7 to **Q51** (“I do not have a long-standing condition”), options 1-6 should not have also been ticked; if any of these options have been ticked, they should be recoded from ‘1’ to ‘0’ when cleaning the data. The same applies for **Q52**; if response option 8 (“No difficulty with any of these”) is ticked, options 1-7 should not have also been ticked; if they have been ticked they should be recoded from ‘1’ to ‘0’

¹ Please note: if a respondent does not answer any part of a multiple response question, (ie: does not tick any of the response options) then it should be left blank or coded as a full stop (.)

Example

Q51. Do you have any of the following long-standing conditions? (Tick **ALL** that apply)

- 1 I have deafness or severe hearing impairment
- 2 I have blindness or are partially sighted
- 3 I have a long-standing physical condition
- 4 I have a learning disability
- 5 I have a mental health condition
- 6 I have a long-standing illness
- 7 I do not have a long-standing condition

BEFORE CLEANING: Q51 is coded as follows:

Column headings	Q51_1	Q51_2	Q51_3	Q51_4	Q51_5	Q51_6	Q51_7
Codings for this example	1	0	0	0	1	0	1

AFTER CLEANING: Q51 is coded as follows:

Column headings	Q51_1	Q51_2	Q51_3	Q51_4	Q51_5	Q51_6	Q51_7
Codings for this example	0	0	0	0	0	0	1

When the data is cleaned, the responses to Q51_1 and Q51_5 are re-coded as '0' because option 7 ("I do not have a long-standing condition") has also been ticked.

3.4 Dealing with demographics

Basic demographic information, including age, sex, and ethnicity of patients are included in the sample section of the data, but the 'Your Background' section at the end of the questionnaire also asks respondents to provide this information. In a minority of cases, the information provided from the sample frame and by the respondents does not correspond – for example, the sample may identify an individual as male only for them to report being female (e.g. **Q49=2**).

Because of this, and because questions about demographics tend to produce relatively high item non-response rates, it is not appropriate to rely on either source of data alone.

Where responses to demographic questions are present, it is assumed these are more likely to be accurate than sample frame information (since it is assumed that respondents are best placed to

know their own sex, age, and ethnic group)¹. Where responses to demographic questions are missing, however, sample data are used in their place.

For demographic analysis on groups of cases, then, it is necessary to use some combination of the information supplied in the sample frame and by the respondents. To do this, we first copy all valid responses to survey demographic questions into a new variable. Where responses are missing we then copy in the relevant sample information (note that for a very small number of patients demographic information may be missing in both the sample and response sections; in such cases data must necessarily be left missing in the new variable)².

Certain demographic variables require special consideration during data cleaning:

Age (Q50)

A common error when completing year of birth questions on forms is for respondents to accidentally write in the current year – thus responses to Q50 of ‘2009’ will be set to missing during cleaning. Out-of-range responses will also be set to missing³. For the 2009 national survey of outpatient departments, out-of range responses are defined as **Q50≤1880 OR Q50≥2010**.

3.5 Usability and eligibility

Sometimes questionnaires are returned with only a very small number of questions completed. For the 2009 national survey of outpatient departments, questionnaires containing fewer than five responses are considered ‘unusable’ – we will delete all responses pertaining to such cases and outcome codes of 1 (‘returned useable questionnaire’) relating to these cases will be changed to 6 (‘questionnaire not returned’). Please note that responses to the demographic questions are counted in this total but questions where more than one response that can be selected are only counted once⁴. This should only affect a very limited number of cases, and so should not have a significant impact on response rates.

¹ Please note though that respondents will *not* be considered ineligible for the survey solely on the basis of their response to the year of birth question indicating that they are under the age of sixteen. This is because of the difficulty of inferring the source of errors when year of birth from sample and response sections are mismatched – in other words, because we cannot be *certain* whether this mismatch occurs [*see overleaf*] due to an error in the sample file, an error in the patient’s completion of the questionnaire form, or an error in data entry.

² Please note that whilst a combination of sample and response information is used for demographic analysis on groups of cases, **only the sample information is used to calculate response rates by demographic groups**. Unlike subgroup analysis of variables which is only carried out for respondents, response rates are calculated using all patients in the sample. Because response rates vary between groups with differing demographic variables, using response and sample data to calculate response rates would create a systematic source of bias in that we are only able to amend information for the *respondents*. Therefore, only the sample information should be used to calculate response rates by demographic groups.

³ The majority of out-of range responses present in data relating to year of birth questions result from errors in data entry (for example, not keying one of the digits – so ‘1983’ may become 983, 183, 193, or 198). In such cases it is important that the responses be checked against the completed questionnaire forms, and data corrected if necessary, **prior** to submission of data to the Co-ordination Centre.

⁴ Including the demographic questions on disability, Q51 and Q52. So for example, even if Q51_1 and Q51_4 are ticked, this would count as only one response for the purpose of determining if a questionnaire is usable.

Outcome codes for respondents will also be changed if the respondents are believed to be under the age of sixteen and therefore ineligible for participation. Since the sample files for the survey are checked by the Co-ordination Centre prior to mailing, this is unlikely to affect more than a handful of cases throughout the survey, as patients coded as being aged under 16 will be identified and removed from the sample before the start of the survey. Sample members will not, however, be removed from the sample if data on their year of birth is missing from the sampling frame. If sample information on a respondent's year of birth is missing, though, and their response to **Q50** indicates that they are under 16 (specifically, if **Q50>1993**) then the outcome code for that patient should be recoded from 1 ('returned completed questionnaire') to 5 ('ineligible for participation in the survey'). **This should only be done where sample information is missing.** If sample information indicates a patient is aged 16 or over, but this is contradicted by the patient's response, then the patient's survey outcome should remain as 1. This is to avoid removing legitimate responses because of an overly conservative approach to assessing eligibility; in other words, where the patient's age is uncertain (because sample and response information contradict each other, and in different instances either of these may be accurate or inaccurate) the benefit of the doubt is given in any assessment of eligibility.

3.6 Missing responses

It is useful to be able to see the numbers of respondents who have missed each question for whatever reason. Responses are considered to be missing when a respondent is expected to answer a question but no response is present. For non-filtered questions, responses are expected from all respondents – thus any instance of missing data constitutes a missing response. For filtered questions, only respondents who have answered a previous routing question instructing them to go on to that filtered question or set of filtered questions are expected to give answers. Where respondents to the survey have missed a routing question, they are not expected to answer subsequent 'filtered' questions; thus only where respondents were explicitly instructed to answer filtered questions should such blank cells be coded as missing responses.

The Co-ordination Centre codes missing responses in the data with the value 999¹. For results to be consistent with those produced by the Co-ordination Centre, missing responses should be presented but should not be included in the base number of respondents for percentages.

3.7 Non-specific responses

As well as excluding missing responses from results, the Co-ordination Centre also removes non-specific responses from base numbers for percentages. The rationale for this is to facilitate easy comparison between institutions by presenting only results from those patients who felt able to give an evaluative response to questions. For a full listing of 'non-specific' responses in the 2009 national survey of outpatient departments, please see [Appendix B: Non-specific responses](#).

¹ This is an arbitrary value chosen because it is 'out-of-range' for all other questions on the survey.

4 Submitting data

Data may be submitted to the Co-ordination Centre either by e-mail or by post (with the data on a CD or floppy disk). There is no requirement for the anonymised dataset to be password protected. Data should be submitted to the following address:

By e-mail: outpatients.data@pickereurope.ac.uk

or

By post: Co-ordination Centre for the Outpatients survey
Picker Institute Europe
King's Mead House
Oxpens Road
Oxford
OX1 1RX

5 Appendix A: Example of cleaning

Incorrectly followed routing

Figure 2: Example 'raw'/'uncleaned' data

Record	Outcome	Q20	Q21	Q22	Q23
Patient Record Number	Outcome of sending questionnaire (N)	Was all or part of your outpatient appointment with any member of staff, other than a doctor?	Who was the main other person you saw? (Tick ONE only)	If you had important questions to ask him/her, did you get answers that you could understand?	Did you have confidence and trust in him/her?
A	6				
B	1	2	.	.	.
C	1	1	1	3	1
D	4				
E	1	2	3	.	.
F	6				
G	1	2	1	2	1
H	1	1	2	1	1

Figure 2 shows hypothetical raw/uncleaned data for eight sample members, five of whom have responded to the survey. It can be seen from this data that some of the respondents have followed filter instructions from routing questions incorrectly:

Respondents 'E' and 'G' have reported that no part of their outpatient appointment was with any member of staff other than a doctor (**Q20=2**), but have both responded to filtered questions ('E' has answered the first question after the filter (**Q21**) before skipping the remaining questions, whilst 'G' has answered **Q21**, **Q22** and **Q23**).

Following the cleaning instructions above will remove these inappropriate responses. Firstly, the filter instructions specify that:

<i>if</i>	Q20 = 2	<i>then delete responses to:</i>	Q21 – Q23
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In accordance with this, all responses for **Q21**, **Q22** and **Q23** must be removed in cases where the respondent has ticked **Q20=2** ('no part of their outpatient appointment was with any member of staff other than a doctor'). Looking in column **Q20** we can see that three respondents, 'B', 'E' and 'G', have ticked **Q20=2**, so any responses they gave to questions 21 through to 23 should be removed. This will lead to one response being removed for patient 'E' (**Q21**) and three responses being removed for respondent 'G' (**Q21**, **Q22** and **Q23**), who have for whatever reason followed the routing instructions incorrectly and continued to answer the section on members of staff other than doctors.

[Figure 3](#) (below) shows how the data would look following cleaning by the co-ordination centre to remove responses to filtered questions that should have been skipped – cells where responses have been removed are shaded.

Figure 3: Data from Figure 2 following cleaning

Record	Outcome	Q20	Q21	Q22	Q23
Patient Record Number	Outcome of sending questionnaire (N)	Was all or part of your outpatient appointment with any member of staff, other than a doctor?	Who was the main other person you saw? (Tick ONE only)	If you had important questions to ask him/her, did you get answers that you could understand?	Did you have confidence and trust in him/her?
A	6				
B	1	2	.	.	.
C	1	1	1	3	1
D	4				
E	1	2	.	.	.
F	6				
G	1	2	.	.	.
H	1	3	2	1	1

6 Appendix B: Non-specific responses

The following table lists all 'non-specific responses' included in the 2009 national survey of outpatient departments. Please note that this table also includes items from the question bank which are not included in the minimal 'core' questionnaire. Numbers in the final column indicate the response options that should be considered non-specific. Where the 'non-specific responses' column contains only a dash, the relevant question has no such response options.

CORE	BANK	Question	Non-specific responses
Q1	A1	Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?	8, 9
Q2	A2	Were you given a choice of appointment times?	4
	A3	Before your appointment, were you given any printed information about the hospital ?	4
	A4	Before your appointment, were you given any printed information about your condition or treatment ?	4
	A5	Before your appointment, did you know the reason for the appointment?	-
Q3	A6	Before your appointment, did you know what would happen to you during the appointment?	-
	A7	Before your appointment, did you know who to contact if your symptoms or condition got worse?	-
Q4	A8	Was your appointment changed to a later date by the hospital?	-
	A9	Before your appointment, were you given the name of the person that the appointment was with?	-
	A10	When you arrived, was your appointment with the person you were told it would be with?	4
Q5	A11	Have you ever visited this Outpatients Department before, for the same condition?	-
Q6	A12	Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?	4
	A13	Who referred you to see a specialist? (Tick ONE only)	5
	A14	When you were referred to see a specialist, were you offered a choice of hospital for your first outpatient appointment?	4
	A15	Were you told why you were not offered a choice about where you were referred to?	4
	A16	Overall, how much information did you get about the different hospitals to help you choose?	-
	A17	Was the information about different hospitals easy to understand?	-
	A18	Was the hospital where you had your outpatient appointment your first choice ?	3
	A19	What was your main reason for choosing this hospital? (Tick ONE ONLY)	-
	A20	GP	-
	A20	Consultant	-
	A20	Any other NHS staff member	-
	A20	Myself / my own previous experience	-
	A20	A booklet or leaflet about my choices	-
	A20	NHS Choices website	-
	A20	Other internet site	-
	A20	Family / friends	-
	A20	None – I did not need information	-

CORE	BANK	Question	Non-specific responses
	A20	Other	-
	A21	What was the most useful source of information when choosing where to have your outpatient appointment? (Tick ONE only)	-
	B1	How did you travel to the hospital for your most recent outpatient appointment? Please think about your main form of transport only (Tick ONE only)	-
	B2	Did the hospital transport pick you up at the arranged time?	4, 5
	B3	Was it possible to find a convenient place to park in the hospital car park?	3, 4
	B4	How long did it take you to get from home to the Outpatients Department?	5
	B5	Once you arrived at the hospital, was it easy to find your way to the Outpatients Department?	4
	B6	When you arrived at the Outpatients Department, how would you rate the courtesy of the receptionist?	-
	B7	In the reception area, could other patients overhear what you talked about with the receptionist?	4
Q7	C1	How long after the stated appointment time did the appointment start?	8
Q8	C2	Were you told how long you would have to wait?	5
Q9	C3	Were you told why you had to wait?	4
	C4	Did someone apologise for the delay?	-
	C5	Were you able to find a place to sit in the waiting area?	4, 5
	C6	Were the seats in the waiting area comfortable?	4
	C7	Was the waiting area the right temperature for you?	4
	C8	Were suitable magazines or newspapers provided in the waiting area?	3, 4
	D1	Was it easy to get through the main entrance and move around in the Outpatients Department?	3
Q10	D2	In your opinion, how clean was the Outpatients Department?	5
Q11	D3	How clean were the toilets at the Outpatients Department?	5
	D4	Did you see any posters or leaflets in the Outpatients Department asking patients and visitors to wash their hands or to use hand-wash gels?	3
	D5	Were hand-wash gels available for patients and visitors to use?	4
	D6	Were you able to get suitable food and drinks when you were in the Outpatients Department?	3, 4, 5
	D7	Were you ever bothered by noise during your visit to the Outpatients Department?	-
	D8	If you needed help from a porter to get around the hospital did you get it?	4
Q12	E1	Was all or part of your outpatient appointment with a doctor ?	-
Q13	E2	Did you have enough time to discuss your health or medical problem with the doctor?	-
Q14	E3	How long were you with the doctor?	6
Q15	E4	Did the doctor explain the reasons for any treatment or action in a way that you could understand?	4, 5
Q16	E5	Did the doctor listen to what you had to say?	-
	E6	Did you think that the doctor was deliberately not telling you certain things that you wanted to know?	-
Q17	E7	If you had important questions to ask the doctor, did you get answers that you could understand?	4
Q18	E8	Did you have confidence and trust in the doctor examining and treating you?	-
Q19	E9	Did the doctor seem aware of your medical history?	4
	E10	If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?	4

CORE	BANK	Question	Non-specific responses
Q20	F1	Was all or part of your outpatient appointment with any member of staff, other than a doctor ?	-
Q21	F2	Who was the main other person you saw? (Tick ONE only)	-
	F3	Did you have enough time to discuss your health or medical problem with him/her?	4
	F4	How long were you with him/her?	6
	F5	Did he/she explain the reasons for any treatment or action in a way that you could understand?	4, 5
	F6	Did he/she listen to what you had to say?	-
	F7	Did you think that he/she was deliberately not telling you certain things that you wanted to know?	-
Q22	F8	If you had important questions to ask him/her, did you get answers that you could understand?	4
Q23	F9	Did you have confidence and trust in him/her?	-
	F10	Did he/she seem aware of your medical history?	4
	F11	If you had any worries or fears about your condition or treatment, did he/she discuss them with you?	4
	G1	Do you need any help understanding English?	-
	G2	When you were in the Outpatients Department, was there someone who could interpret for you?	-
	G3	Were you given any information (e.g. leaflets, other types of media) in a language you can understand?	-
Q24	G4	Did doctors and/or other staff talk in front of you as if you weren't there?	-
Q25	G5	While you were in the Outpatients Department, how much information about your condition or treatment was given to you ?	-
	G6	How much information about your condition or treatment was given to your family, carer or someone close to you ?	4, 5, 6, 7
Q26	G7	Were you given enough privacy when discussing your condition or treatment ?	-
Q27	G8	Were you given enough privacy when being examined or treated ?	-
	G9	Did you have to undress when being examined or treated ?	3
	G10	Were you told before your appointment that you would have to undress?	4
	G11	Did you have to wear a hospital gown at any point during your appointment?	3
	G12	Did you have to sit in an area with other patients while wearing the gown?	4
	G13	While you were in the Outpatients Department, did you feel threatened by anyone?	-
Q28	G14	Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?	-
Q29	G15	Were you involved as much as you wanted to be in decisions about your care and treatment?	-
	G16	Were medical students present when you were being treated or examined?	-
	G17	Were you asked for permission for medical students to be present when you were being treated or examined?	-
	G18	Were you upset because medical students were present?	-
Q30	G19	Did the staff treating and examining you introduce themselves?	4
	G20	Did staff wear name badges?	4
	G21	Did you have any questions about your care and treatment that you wanted to discuss but did not ?	-
	G22	I was embarrassed about mentioning them	-

CORE	BANK	Question	Non-specific responses
	G22	I forgot to mention them	-
	G22	I didn't have time to mention them	-
	G22	The member of staff didn't have time to listen	-
	G22	There were too many interruptions	-
	G22	There was not enough privacy	-
	G22	I didn't know who to ask	-
Q31	H1	Did you have any tests (such as x-rays, scans or blood tests) when you visited the Outpatients Department?	-
	H2	Before your appointment, were you told that you would have a test(s)?	-
Q32	H3	Did a member of staff explain why you needed these test(s) in a way you could understand?	-
	H4	Was it easy to find where you needed to go in the hospital to have these test(s)?	4
	H5	Did a member of staff explain what would happen during your test in a way you could understand?	-
	H6	Did a member of staff tell you when you would find out the results of your test(s)?	3
Q33	H7	Did a member of staff tell you how you would find out the results of your test(s)?	3
Q34	H8	Did a member of staff explain the results of the tests in a way you could understand?	4, 5
	H9	If you had questions to ask about the test results, did you get answers that you could understand?	4
Q35	H10	During your outpatient appointment, did you have any treatment for your condition?	-
	H11	Before your appointment, did you know that you would be undergoing treatment?	-
Q36	H12	Before the treatment did a member of staff explain what would happen?	4
Q37	H13	Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?	4
	H14	Before the treatment did a member of staff answer your questions in a way you could understand?	4
	H15	Afterwards, did a member of staff explain how the treatment had gone in a way you could understand?	-
Q38	J1	Before you left the Outpatients Department, were any new medications prescribed or ordered for you?	-
	J2	Were you involved as much as you wanted to be in decisions about the best medicine for you?	-
Q39	J3	Did a member of staff explain to you how to take the new medications?	4
Q40	J4	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	4
Q41	J5	Did a member of staff tell you about medication side effects to watch for?	4
	J6	Did the Outpatients Department staff give you a printed information leaflet about your medicines?	-
Q42	J7	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	4, 5
	J8	As far as you know, was your GP given all the necessary information about the treatment or advice that you received at your appointment?	3
	J9	Before you left the Outpatients Department, were you given any written or printed information about your condition or treatment?	-

CORE	BANK	Question	Non-specific responses
	J10	Before you left the Outpatients Department, were you told what would happen next (e.g. whether you needed another outpatients appointment, to see your GP etc)?	3
	J11	Did hospital staff tell you when you could resume your usual activities , such as when to go back to work or drive a car?	4
Q43	J12	Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	4
Q44	J13	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	3
	J14	Did hospital staff give you information about voluntary and support groups for people who have a similar condition in your local area?	5
	J15	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?	5
Q45	K1	Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	-
Q46	K2	How well organised was the Outpatients Department you visited?	-
Q47	K3	Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	-
Q48	K4	Overall, how would you rate the care you received at the Outpatients Department?	-
	K5	Overall, were you treated with kindness and understanding while you were in the Outpatients Department?	-
	K6	Would you recommend this Outpatients Department to your family and friends?	-
	K7	While at the hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?	3
	K8	Did you want to complain about the care you received in hospital?	-
	K9	Did hospital staff give you the information you needed to do this?	-
Q49	L1	Are you male or female?	-
Q50	L2	What was your year of birth?	-
	L3	What is your religion?	-
	L4	Were your religious beliefs respected by the hospital staff?	4
	L5	How old were you when you left full-time education?	-
	L6	How many hospital outpatient appointments have you had in the past six months?	-
Q51	L7	I have a long-standing condition involving deafness or hearing impairment	-
Q51	L7	I have a long-standing condition involving blindness or am partially sighted	-
Q51	L7	I have a long-standing physical condition	-
Q51	L7	I have a long-standing condition involving a learning disability	-
Q51	L7	I have a long-standing mental health condition	-
Q51	L7	I have a long-standing condition involving an illness such as cancer, HIV, diabetes, CHD, or epilepsy	-
Q51	L7	I do not have a long-standing condition	-
Q52	L8	This condition causes me difficulty with everyday activities that people of my age can usually do	-
Q52	L8	This condition causes me difficulty at work, in education, or training	-
Q52	L8	This condition causes me difficulty with access to buildings, streets, or vehicles	-
Q52	L8	This condition causes me difficulty with reading or writing	-

CORE	BANK	Question	Non-specific responses
Q52	L8	This condition causes me difficulty with people's attitudes to me because of my condition	-
Q52	L8	This condition causes me difficulty with communicating, mixing with others, or socializing	-
Q52	L8	This condition causes me difficulty with other activities	-
Q52	L8	This condition does not cause me difficulty with any of these	-
Q53	L9	Mobility	-
Q54	L10	Self-Care	-
Q55	L11	Usual activities	-
Q56	L12	Pain/Discomfort	-
Q57	L13	Anxiety/Depression	-
Q58	L14	To which of these ethnic groups would you say you belong? (Tick ONE only)	-