



# INPATIENT QUESTIONNAIRE

## What is the survey about?

This survey is about your **most recent** experience as an **inpatient** 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** stay at the hospital named in the accompanying letter.

## A. ADMISSION TO HOSPITAL

A1. Was your most recent hospital stay planned in advance or an emergency?

- 1  Emergency or urgent  
→ Go to A2
- 2  Waiting list or planned in advance  
→ Go to A27
- 3  Something else  
→ Go to A2

## EMERGENCY CARE

A2. Did you travel to the hospital by ambulance?

- 1  Yes → Go to A3
- 2  No → Go to A10

A3. Were the ambulance crew reassuring?

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

A4. Did the ambulance crew explain your care and treatment in a way you could understand?

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

A5. Did the ambulance crew do everything they could to help control your pain?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / Can't remember
- 5  I did not have any pain

A6. Overall, did the ambulance crew treat you with respect and dignity?

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

A7. Once you had arrived at hospital, 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
- 2  Up to 15 minutes
- 3  16-30 minutes
- 4  31-60 minutes
- 5  More than 1 hour but no more than 2 hours
- 6  More than 2 hours but no more than 3 hours
- 7  More than 3 hours
- 8  Don't know / Can't remember

**A8.** How well do you think the ambulance service and A&E staff worked together?

- 1  Very well
- 2  Fairly well
- 3  Not very well
- 4  Not at all well
- 5  Don't know / Can't remember

**A9.** Overall, how would you rate the care you received from the ambulance service?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- 6  Very poor

## THE ACCIDENT & EMERGENCY DEPARTMENT

**A10.** When you arrived at the hospital, did you go to the A&E Department (the Emergency Department / Casualty / Medical or Surgical Admissions unit)?

- 1  Yes → Go to A11
- 2  No → Go to A27

**A11.** How organised was the care you received in the A&E Department?

- 1  Very organised
- 2  Fairly organised
- 3  Not at all organised

**A12.** For most of the time, were you waiting in..?

- 1  A cubicle
- 2  An open plan area
- 3  A corridor
- 4  Somewhere else
- 5  Can't remember

**A13.** While you were in the A&E Department, 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 treatment or condition
- 5  Don't know / Can't remember

**A14.** Were you given enough privacy when being examined or treated in the A&E Department?

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

**A15.** When you had important questions to ask doctors and nurses in the A&E Department, did you get answers that you could understand?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I had no need to ask / I was too unwell to ask any questions

**A16.** While you were in the A&E Department, did you have confidence and trust in the doctors and nurses examining and treating you?

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

**A17.** While you were in the A&E Department, did doctors and nurses talk in front of you as if you weren't there?

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

**A18.** While you were in the A&E Department, 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

**A19.** If you had any worries 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 worries or fears

**A20.** Did you see any posters or leaflets in the A&E Department asking patients and visitors to wash their hands or to use hand-wash gels?

- 1  Yes
- 2  No
- 3  Can't remember

**A21.** 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  Don't know / Can't remember

**A22.** 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

**A23.** How clean were the toilets in the A&E Department?

- 1  Very clean
- 2  Fairly clean
- 3  Not very clean
- 4  Not at all clean
- 5  I did not use a toilet

**A24.** Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?

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

**A25.** How would you rate the courtesy of the A&E Department staff?

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

**A26.** Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?

- 1  Less than 1 hour
- 2  At least 1 hour but less than 2 hours
- 3  At least 2 hours but less than 4 hours
- 4  At least 4 hours but less than 8 hours
- 5  8 hours or longer
- 6  Can't remember
- 7  I did not have to wait

**EMERGENCY & URGENTLY ADMITTED PATIENTS, now please go to Question A43**

**WAITING LIST & PLANNED ADMISSION PATIENTS, please continue to Question A27**

## **WAITING LIST OR PLANNED ADMISSION**

**A27.** When you were referred to see a specialist, were you offered a choice of hospital for your **first hospital appointment**?

- 1  Yes
- 2  No, but I would have liked a choice
- 3  No, but I did not mind
- 4  Don't know / Can't remember

**A28.** Were you given a choice about which hospital you were **admitted to**?

- 1  Yes → **Go to A29**
- 2  No, but I would have liked a choice → **Go to A31**
- 3  No, but I did not mind → **Go to A31**
- 4  Don't know / Can't remember → **Go to A31**

**A29.** Overall, did you get enough information about the different hospitals to make your choice?

- 1  Yes, definitely
- 2  I got some information, but not enough
- 3  No, but I would have liked information
- 4  I did not want / need information about different hospitals

**A30.** 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

**A31.** 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...***

**A32.** 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

**A33.** 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

**A34.** 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

**A35.** Were you given a choice of **admission dates**?

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

**A36.** 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

**A37.** Before being admitted to hospital, were you given any printed information about **the hospital**?

- 1  Yes
- 2  No

**A38.** Before being admitted to hospital, were you given any printed information about **your condition or treatment?**

- 1  Yes
- 2  No

**A39.** Before you arrived at the hospital, were you told where you would have to go to be admitted?

- 1  Yes, I was told to go to the main reception → **Go to A40**
- 2  Yes, I was told to go straight to the ward → **Go to A41**
- 3  Yes, I was told to go somewhere else → **Go to A42**
- 4  No, I was not told → **Go to A40**
- 5  Don't know / Can't remember → **Go to A40**

**A40.** 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

**A41.** Was it easy to find your way to the **ward?**

- 1  Yes, definitely
- 2  Yes, but it could be improved
- 3  No
- 4  I was taken to the ward by hospital staff
- 5  Don't know / Can't remember

**A42.** Before you arrived at the hospital, did you know if a bed was definitely available for you?

- 1  Yes, I phoned the hospital
- 2  Yes, a family member, friend or carer phoned the hospital
- 3  Yes, the hospital phoned me
- 4  No, I just turned up
- 5  Don't know / Can't remember

## ALL TYPES OF ADMISSION

**A43.** 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

**A44.** How organised was the **admission process?**

- 1  Very organised
- 2  Fairly organised
- 3  Not at all organised

**A45.** From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

- 1  Yes, definitely → **Go to A46**
- 2  Yes, to some extent → **Go to A46**
- 3  No → **Go to A47**

**A46.** Did a member of staff explain why you had to wait?

1  Yes

2  No

**A47.** 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

## **B. THE HOSPITAL AND WARD**

**B1.** While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?

1  Yes

2  No

3  Don't know / Can't remember

**B2.** When you were **first** admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

1  Yes → **Go to B3**

2  No → **Go to B4**

**B3.** When you were **first** admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

1  Yes

2  No

**B4.** During your stay in hospital, how many wards did you stay in?

1  1 → **Go to B8**

2  2 → **Go to B5**

3  3 or more → **Go to B5**

4  Don't know / Can't remember → **Go to B8**

**B5.** Did you mind being moved from one room or ward to another?

1  Yes, definitely

2  Yes, to some extent

3  No

**B6.** After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

1  Yes → **Go to B7**

2  No → **Go to B8**

**B7.** After you moved, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

1  Yes

2  No

**B8.** 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

**B9.** 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

**B10.** 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

**B11.** When you reached the ward, did you get enough information about ward routines, such as timetables and rules?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not need information

**B12.** Were you given enough privacy while you were on the ward?

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

**B13.** Were you ever bothered by noise **during the day** from **other patients**?

- 1  Yes
- 2  No

**B14.** Were you ever bothered by noise **during the day** from **hospital staff**?

- 1  Yes
- 2  No

**B15.** Were you ever bothered by noise **at night** from **other patients**?

- 1  Yes
- 2  No

**B16.** Were you ever bothered by noise **at night** from **hospital staff**?

- 1  Yes
- 2  No

**B17.** 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

**B18.**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

**B19.**How would you rate the courtesy of the **cleaning staff**?

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

**B20.**Did you feel threatened during your stay in hospital by other patients or visitors?

- 1  Yes
- 2  No

**B21.**Did you have somewhere to keep your personal belongings whilst on the ward?

- 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

**B22.**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

**B23.**Did the 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

**B24.**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

**B25.**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 B26**
- 2  Yes, but I had to wait → **Go to B26**
- 3  No → **Go to B27**
- 4  I did not need any help from a porter → **Go to B27**

**B26.**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

### Visitors

**B27.**Were the visiting times convenient for your friends and family?

- 1  Yes, definitely → Go to B28
- 2  Yes, to some extent → Go to B28
- 3  No → Go to B28
- 4  I did not have any visitors → Go to B29
- 5  Don't know → Go to B28

**B28.**Were your visitors given enough information about visiting (e.g. visiting hours and rules)?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  They did not need this information
- 5  Don't know

**B29.**Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?

- 1  Yes
- 2  No
- 3  Can't remember

**B30.**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  Don't know / Can't remember

**B31.**Were you ever bothered by other patients' visitors?

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

### Food

**B32.**How would you rate the hospital food?

- 1  Very good → Go to B33
- 2  Good → Go to B33
- 3  Fair → Go to B33
- 4  Poor → Go to B33
- 5  I did not have any hospital food → Go to B36

**B33.**Was the hospital food appetising?

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

**B34.** Was there healthy food on the hospital menu?

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

**B35.** How much food were you given?

- 1  Too much
- 2  The right amount
- 3  Too little

**B36.** Were you offered a choice of food?

- 1  Yes, always → **Go to B37**
- 2  Yes, sometimes → **Go to B37**
- 3  No → **Go to B38**

**B37.** Did you get the food you ordered?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not have any hospital food

**B38.** Do you have any special dietary requirements (e.g. vegetarian, diabetic, food allergies)?

- 1  Yes → **Go to B39**
- 2  No → **Go to B40**
- 3  Don't know → **Go to B40**

**B39.** Was the hospital food suitable for your dietary needs?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No, never
- 4  Don't know / Can't remember

**B40.** Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc)?

- 1  Yes → **Go to B41**
- 2  No → **Go to B42**
- 3  Don't know / Can't remember → **Go to B42**

**B41.** Were you offered a replacement meal at another time?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not want a meal
- 5  I was not allowed a meal (e.g. because I was nil by mouth)
- 6  Don't know / Can't remember

**B42.** Did you get enough help from staff to eat your meals?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not need help to eat meals

**B43.**How would you rate the courtesy of the catering staff?

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

## C. DOCTORS

**C1.** Was there one doctor in overall charge of your care?

- 1  Yes
- 2  No
- 3  Don't know

**C2.** 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

**C3.** If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  I did not have worries or fears

**C4.** Did you have confidence and trust in the doctors treating you?

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

**C5.** Did doctors talk in front of you as if you weren't there?

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

**C6.** 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

**C7.** How would you rate the courtesy of your doctors?

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

**C8.** 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

**C9.** 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

**C10.** 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

## **D. NURSES**

**D1.** 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

**D2.** If you had any worries or fears about your condition or treatment, did a nurse discuss them with you?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  I did not have worries or fears

**D3.** Did you have confidence and trust in the nurses treating you?

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

**D4.** Did nurses talk in front of you as if you weren't there?

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

**D5.** 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

**D6.** 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

D7. How would you rate the courtesy of your nurses?

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

D8. 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

D9. 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

D10. 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

## E. YOUR CARE AND TREATMENTS

E1. 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

E2. 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

E3. How much information about your condition or treatment was given to **you**?

- 1  Not enough
- 2  The right amount
- 3  Too much

E4. While you were in hospital, were you told your diagnosis (explanation of what was wrong with you)?

- 1  Yes **→ Go to E5**
- 2  No, but I already knew my diagnosis **→ Go to E6**
- 3  No, but I would have liked to be told **→ Go to E6**
- 4  No, but I did not want this information **→ Go to E6**
- 5  No, but I was told this information at a later date **→ Go to E6**
- 6  Don't know / Can't remember **→ Go to E6**

E5. Was your diagnosis explained to you in a way that you could understand?

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

E6. 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

E7. 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

E8. Did you have to wear a hospital gown at any point during your stay in hospital?

- 1  Yes → Go to E9
- 2  No → Go to E10
- 3  Don't know / Can't remember → Go to E10

E9. 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

E10. Were you given enough privacy when discussing your condition or treatment?

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

E11. Were you given enough privacy when being examined or treated?

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

### Pain

E12. Were you ever in any pain?

- 1  Yes → Go to E13
- 2  No → Go to E21

E13. When you had pain, was it usually severe, moderate or mild?

- 1  Severe
- 2  Moderate
- 3  Mild

**E14.** 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

**E15.** Did you ever request pain relief medication?

- 1  Yes → **Go to E16**
- 2  No → **Go to E17**

**E16.** 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

**E17.** 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

**E18.** 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

**E19.** Overall, how much pain relief medication did you get?

- 1  Enough
- 2  Not enough
- 3  Too much

**E20.** 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

**E21.** 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

## Tests

**E22.** During your stay in hospital, did you have any tests, x-rays or scans other than blood or urine tests?

- 1  Yes → **Go to E23**  
2  No → **Go to E28**

**E23.** Did you feel you could refuse any tests that you did not agree with or did not want?

- 1  Yes, completely  
2  Yes, to some extent  
3  No  
4  No, but I wanted to follow the doctor's advice  
5  I was not able to (e.g. because I was unconscious)

**E24.** Were you told in advance when your tests, x-rays or scans were going to take place?

- 1  Yes, always  
2  Yes, sometimes  
3  No

**E25.** Were your scheduled tests, x-rays or scans performed on time?

- 1  Yes, always → **Go to E27**  
2  Yes, sometimes → **Go to E26**  
3  No → **Go to E26**  
4  Don't know / Can't remember → **Go to E27**

**E26.** Did a member of staff explain why the scheduled tests were not performed on time?

- 1  Yes  
2  No

**E27.** Did a doctor or nurse explain the results of the tests in a way that you could understand?

- 1  Yes, definitely  
2  Yes, to some extent  
3  No  
4  Not sure / Can't remember  
5  I was told I would get the results at a later date  
6  I was never told the results of tests

## Treatments

**E28.** Before you received any treatments (e.g. an injection, dressing, physiotherapy) did a member of staff explain what would happen?

- 1  Yes, always → **Go to E29**  
2  Yes, sometimes → **Go to E29**  
3  No → **Go to E29**  
4  I did not want an explanation → **Go to E29**  
5  I did not have any treatments → **Go to E31**

**E29.** Before you received any treatments (eg: an injection, dressing, physiotherapy) did a member of staff explain any **risks and/or benefits** in a way you could understand?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No
- 4  I did not want an explanation

**E30.** Did you feel you could refuse any treatment that you did not agree with or did not want?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  No, but I wanted to follow the doctor's advice
- 5  I was not able to (e.g. because I was unconscious)

**E31.** Were medical students present when you were being treated or examined?

- 1  Yes → **Go to E32**
- 2  No → **Go to F1**

**E32.** Were you asked for permission for medical students to be present when you were being treated or examined?

- 1  Yes
- 2  No

**E33.** Were you upset because medical students were present?

- 1  Yes
- 2  No

## F. OPERATIONS & PROCEDURES

**F1.** During your stay in hospital, did you have an operation or procedure?

- 1  Yes → **Go to F2**
- 2  No → **Go to G1**

**F2.** 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

**F3.** 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

**F4.** 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

F5. 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

F6. Did you have **enough time** to discuss your operation or procedure with the consultant?

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

F7. 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 F8**
- 2  No → **Go to F9**

F8. 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

F9. 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

## G. LEAVING HOSPITAL

G1. 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

G2. 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

G3. On the day you left hospital, was your discharge delayed for any reason?

- 1  Yes → **Go to G4**
- 2  No → **Go to G9**

G4. 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

G5. 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

G6. Did a member of staff tell you how long the delay would be?

- 1  Yes
- 2  No

G7. Did a member of staff explain the reason for the delay?

- 1  Yes
- 2  No

G8. 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

G9. 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

G10. 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

G11. 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  
→ Go to G12
- 2  Yes, to some extent  
→ Go to G12
- 3  No  
→ Go to G12
- 4  I did not need an explanation  
→ Go to G12
- 5  I had no medicines  
→ Go to G15

G12. 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

G13. 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

**G14.** 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

**G15.** 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

**G16.** 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

**G17.** 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  No family or friends were involved
- 5  My family or friends did not want or need information

**G18.** 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

**G19.** 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

**G20.** 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

**G21.** 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

**G22.** 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

**G23.** 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

**G24.** 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

**G25.** Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

- 1  Yes, I received copies → **Go to G26**
- 2  No, I did not receive copies → **Go to H1**
- 3  Not sure / Don't know → **Go to H1**

**G26.** 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

## H. OVERALL

**H1.** 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

**H2.** How would you rate how well the doctors and nurses worked together?

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

H3. 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

H4. Overall, how would you rate the care you received?

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

H5. Are you confident that the hospital is keeping your personal information / health records secure and confidential?

- 1  Yes
- 2  No

H6. Would you recommend this hospital to your family and friends?

- 1  Yes, definitely
- 2  Yes, probably
- 3  No

H7. During your hospital stay, were you ever asked to give your views on the quality of your care?

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

H8. 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

H9. Did you want to complain about the care you received in hospital?

- 1  Yes → Go to H10
- 2  No → Go to H11

H10. Did hospital staff give you the information you needed to do this?

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

H11. During your hospital stay, do you feel that you were treated unfairly for any of the reasons below?

- 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

## J. ABOUT YOU

J1. Are you male or female?

- 1  Male  
2  Female

J2. 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.*

J3. What is your religion?

- 1  None → Go to J6  
2  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  
→ Go to 0  
3  Muslim → Go to 0  
4  Hindu → Go to 0  
5  Sikh → Go to 0  
6  Jewish → Go to 0  
7  Buddhist → Go to 0  
8  Any other religion (Please write in box) → Go to 0

|  |
|--|
|  |
|--|

J4. 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

J5. 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

J6. 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

## 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**.

### J7. Mobility

- 1  I have no problems in walking about
- 2  I have some problems in walking about
- 3  I am confined to bed

### J8. 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

### J9. 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

### J10. Pain / Discomfort

- 1  I have no pain or discomfort
- 2  I have moderate pain or discomfort
- 3  I have extreme pain or discomfort

### J11. Anxiety / Depression

- 1  I am not anxious or depressed
- 2  I am moderately anxious or depressed
- 3  I am extremely anxious or depressed

### J12. Do you have any of the following long-standing conditions? (Tick ALL that apply)

- 1  Deafness or severe hearing impairment → Go to J13
- 2  Blindness or partially sighted → Go to J13
- 3  A long-standing physical condition → Go to J13
- 4  A learning disability → Go to J13
- 5  A mental health condition → Go to J13
- 6  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → Go to J13
- 7  No, I do not have a long-standing condition → Go to J14

### J13. 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

J14. 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)

## K. 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.**