

Outpatients Questionnaire

What is the survey about?

This survey is about your **most recent** Outpatients appointment at the NHS 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 most questions, 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 questions, 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 to the Outpatient Department.

A. BEFORE THE APPOINTMENT

A1. Have you ever visited this Outpatients Department before for the same condition?

Yes →Go to A4

No →Go to A2

A2. 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 your appointment?

Up to 1 month

1 month to 6 weeks

More than 6 weeks but no more than 3 months

More than 3 months but no more than 5 months

More than 5 months but no more than 12 months

More than 12 months but no more than 18 months

More than 18 months

I went to Outpatients without an appointment

Don't know / Can't remember

A3. Did your symptoms or condition get worse while you were waiting for your appointment?

Yes, definitely

Yes, to some extent

No

Don't know / Can't remember

A4. In the last 12 months, how many times (including this one) have you visited the Outpatient Department for any condition?

This was the only time

2 to 3 times

4 to 8 times

More than 8 times

Thinking about your most recent visit to the Outpatient Department...

A5. Were you given a choice of appointment times?

Yes

No, but I did not need/want a choice

No, but I would have liked a choice

Don't know / Can't remember

A6. Was your appointment changed to a later date by the hospital?

No

Yes, once

Yes, 2 or 3 times

Yes, 4 times or more

A7. Before your appointment, were you given any printed information about the **hospital**?

Yes

No, but I would have liked this information

No, but I did not need this information

Don't know / Can't remember

A8. Before your appointment, were you given any printed information about **your condition or treatment**?

Yes

No, but I would have liked this information

No, but I did not need this information

Don't know / Can't remember

A9. Before your appointment, did you know the reason for the appointment?

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

A10. Before your appointment, did you know who to contact if your symptoms or condition got worse?

- 1 Yes
2 No

A11. Before your appointment, did you know what would happen to you during the appointment?

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

A12. Before your appointment, were you given the **name** of the person that the appointment was with?

- 1 Yes →Go to A13
2 No →Go to A14

A13. When you arrived, was your appointment with the person you were told it would be with?

- 1 Yes
2 No, and I was not happy about it
3 No, but I did not mind
4 Don't know / Can't remember

If you have visited this Outpatients Department before, please now go to B1

A14. Who referred you to see a specialist? (Tick **ONE** only)

- 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

A15. When you were referred to see a specialist, were you offered a choice of hospital for your first outpatient appointment?

- 1 Yes →Go to A17
2 No, but I would have liked a choice →Go to A16
3 No, but I didn't mind →Go to A16
4 Don't know / Can't remember →Go to A16

A16. Were you told why you were not offered a choice about where you were referred to?

- 1 Yes, definitely →Go to B1
2 Yes, to some extent →Go to B1
3 No →Go to B1
4 Don't know / Can't remember →Go to B1

If you were not offered a choice, please now go to B1

A17. Overall, how much information did you get about the different hospitals to help you choose?

- 1 I got enough information →Go to A18
2 I got some information, but not enough →Go to A18
3 I did not get any information but I would have liked some →Go to A19
4 I did not get any information but I did not want/need any →Go to A19

A18. Was the information about different hospitals easy to understand?

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

A19. Was the hospital where you had your outpatient appointment your **first choice**?

- 1 Yes →Go to A20
- 2 No →Go to A21
- 3 Can't remember →Go to A20

A20. What was your main reason for choosing this hospital? (Tick **ONE** only)

- 1 Location / easy to get to
- 2 Length of wait for an appointment
- 3 Good record of low infection rates (e.g. MRSA, other superbugs)
- 4 Personal experience
- 5 Recommended by friends/family
- 6 Recommended by GP or NHS staff
- 7 Specialist hospital for my condition
- 8 Reputation of hospital and/or staff
- 9 Other

A21. What sources of information did you use to help you choose where to have your outpatient appointment? (Tick **ALL** that apply)

- 1 GP →Go to A22
- 2 Consultant →Go to A22
- 3 Any other NHS staff member →Go to A22
- 4 Myself / my own previous experience →Go to A22
- 5 A booklet or leaflet about my choices →Go to A22
- 6 NHS Choices website →Go to A22
- 7 Other internet site →Go to A22
- 8 Family / friends →Go to A22
- 9 None - I did not need information →Go to B1
- 10 Other →Go to A22

A22. What was the **most useful** source of information when choosing where to have your outpatient appointment? (Tick **ONE** only)

- 1 GP
- 2 Consultant
- 3 Any other NHS staff member
- 4 Myself / my own previous experience
- 5 A booklet or leaflet about my choices
- 6 NHS Choices website
- 7 Other internet site
- 8 Family / friends
- 9 Other

B. ARRIVAL AT THE HOSPITAL

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**)

¹ By Patient Transport Services (Hospital transport / Non urgent ambulance transport) →Go to B2

² By car →Go to B3

³ By taxi →Go to B4

⁴ On foot →Go to B4

⁵ On public transport →Go to B4

⁶ Other →Go to B4

B2. Did the hospital transport pick you up at the arranged time?

¹ Yes →Go to B4

² No, it arrived earlier than I expected →Go to B4

³ No, it arrived later than I expected →Go to B4

⁴ I wasn't given a time →Go to B4

⁵ Don't know / Can't remember →Go to B4

B3. 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

B4. How long did it take you to get from home to the Outpatients Department?

¹ Up to 30 minutes

² 31 - 60 minutes

³ More than 1 hour but no more than 2 hours

⁴ More than 2 hours

⁵ Don't know / Can't remember

B5. Once you arrived at the hospital, was it easy to find your way to the Outpatients Department?

¹ Yes, definitely

² Yes, but it could be improved

³ No

⁴ Don't know / Can't remember

B6. When you arrived at the Outpatients Department, how would you rate the courtesy of the receptionist?

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

⁶ Very poor

B7. In the reception area, could other patients overhear what you talked about with the receptionist?

¹ Yes, and I was **not happy** about it

² Yes, but I did not mind

³ No, others could not overhear

⁴ Don't know / Can't say

C. WAITING IN THE HOSPITAL

Still thinking about your most recent visit to the Outpatient Department...

C1. How long after the **stated appointment time** did the appointment start?

- 1 Seen on time, or early →Go to C5
- 2 Waited up to 5 minutes →Go to C5
- 3 Waited 6 - 15 minutes →Go to C5
- 4 Waited 16 - 30 minutes →Go to C2
- 5 Waited 31 - 60 minutes →Go to C2
- 6 Waited more than 1 hour but no more than 2 hours →Go to C2
- 7 Waited more than 2 hours →Go to C2
- 8 Don't know / Can't remember →Go to C2

C2. Were you told **how long** you would have to wait?

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

C3. 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

C4. Did someone **apologise** for the delay?

- 1 Yes
- 2 No, but I would have liked an apology
- 3 No, but I did not mind

C5. Were you able to find a place to sit in the waiting area?

- 1 Yes, I found a place to sit straight away →Go to C6
- 2 Yes, but I had to wait for a seat →Go to C6
- 3 No, I could not find a place to sit →Go to C7
- 4 I did not want to find a place to sit →Go to C7
- 5 Don't know / Can't remember →Go to C7

C6. Were the seats in the waiting area comfortable?

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

C7. Was the waiting area the right temperature for you?

- 1 Yes, it was the right temperature
- 2 No, it was too hot
- 3 No, it was too cold
- 4 Don't know / Can't remember

C8. Were suitable magazines or newspapers provided in the waiting area?

- 1 Yes
- 2 No
- 3 I did not want/need any
- 4 Don't know / Can't remember

D. HOSPITAL ENVIRONMENT AND FACILITIES

D1. Was it easy to get through the main entrance and move around in the Outpatients Department?

- 1 Yes, it was easy
2 No, it was difficult
3 Don't know / Can't remember

D2. In your opinion, how clean was the Outpatients Department?

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

D3. How clean were the toilets at the Outpatients Department?

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

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?

- 1 Yes
2 No
3 Can't remember

D5. 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

D6. Were you able to get suitable food and drinks when you were in the Outpatients Department?

- 1 Yes
2 No
3 I was told not to eat or drink before my appointment
4 I didn't know if I was allowed to eat or drink
5 I did not want anything to eat or drink

D7. Were you ever bothered by noise during your visit to the Outpatients Department?

- 1 Yes
2 No

D8. If you needed help from a porter to get around the hospital did you get it?

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

E. TESTS AND TREATMENT

Tests (e.g. x-rays or scans)

E1. Did you have any tests (such as x-rays, scans or blood tests) when you last visited the Outpatients Department?

- 1 Yes →Go to E2
2 No →Go to E10

E2. Before your appointment, were you told that you would have a test(s)?

- 1 Yes
- 2 No, and I did not mind that I wasn't told
- 3 No, but I would have liked to know

E3. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

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

E4. Was it easy to find where you needed to go in the hospital to have these test(s)?

- 1 Yes, definitely
- 2 Yes, but could be improved
- 3 No
- 4 Don't know / Can't remember

E5. Did a member of staff explain **what would happen** during your test in a way you could understand?

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

E6. Did a member of staff tell you **when** you would find out the results of your test(s)?

- 1 Yes
- 2 No
- 3 Not sure / Can't remember

E7. Did a member of staff tell you **how** you would find out the results of your test(s)?

- 1 Yes
- 2 No
- 3 Not sure / Can't remember
- 4 I did not need an explanation

E8. Did a member of staff explain **the results of the tests** in a way you could understand?

- 1 Yes, definitely →Go to E9
- 2 Yes, to some extent →Go to E9
- 3 No →Go to E9
- 4 Not sure / Can't remember →Go to E9
- 5 I was told I would get the results at a later date →Go to E10
- 6 I was never told the results of the tests →Go to E10

E9. If you had questions to ask about the test results, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

Treatment

By treatment we mean any medical or surgical intervention, procedure or therapy

E10. During your outpatient appointment, did you have any treatment for your condition?

- 1 Yes →Go to E11
- 2 No →Go to F1

E11. Before your appointment, did you know that you would be undergoing treatment?

- 1 Yes
- 2 No, and I did not mind that I wasn't told
- 3 No, but I would have liked to know

E12. Before the treatment did a member of staff explain what would happen?

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

E13. Before the treatment did a member of staff explain any **risks and/or benefits** in a way you could understand?

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

E14. Before the treatment did a member of staff answer your questions in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any questions

E15. Afterwards, did a member of staff explain how the treatment had gone in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No, I did not get an explanation I could understand
- 4 No, but they explained it to a friend or family member

F. SEEING A DOCTOR

F1. Was any part of your outpatient appointment with a **doctor**?

- 1 Yes →Go to F2
- 2 No →Go to G1

F2. Did you have **enough time** to discuss your health or medical problem with the doctor?

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

F3. Did the doctor seem aware of your medical history?

- 1 He/she knew enough
- 2 He/she knew something but not enough
- 3 He/she knew little or nothing
- 4 Don't know / Can't say

F4. How long were you with the doctor?

- 1 Up to 5 minutes
- 2 6 - 10 minutes
- 3 11 - 20 minutes
- 4 21 - 30 minutes
- 5 More than 30 minutes
- 6 Can't remember

F5. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 No treatment or action was needed

F6. Did the doctor **listen** to what you had to say?

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

F7. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?

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

F8. If you had important questions to ask the doctor, did you get answers that you could understand?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I did not need to ask
5 I did not have an opportunity to ask

F9. Did you have confidence and trust in the doctor examining and treating you?

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

F10. 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

G. SEEING ANOTHER PROFESSIONAL

G1. Was all or part of your outpatient appointment with any member of staff, **other than a doctor**?

- 1 Yes →Go to G2
2 No →Go to H1

G2. Who was the **MAIN** person, other than a doctor, you saw? (**Tick ONE only**)

- 1 A nurse
2 A physiotherapist
3 A radiographer
4 Someone else (**Please write in box**)

G3. Did you have **enough time** to discuss your health or medical problem with him/her?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I did not need to discuss it with him/her

G4. How **long** were you with him/her?

- 1 Up to 5 minutes
2 6 - 10 minutes
3 11 - 20 minutes
4 21 - 30 minutes
5 More than 30 minutes
6 Can't remember

G5. Did he/she explain the reasons for any treatment or action in a way that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want an explanation
- 5 No treatment or action was needed

G6. Did he/she **listen** to what you had to say?

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

G7. Did you think that he/she was deliberately not telling you certain things that you wanted to know?

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

G8. If you had important questions to ask him/her, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

G9. Did you have confidence and trust in him/her?

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

G10. Did he/she seem aware of your medical history?

- 1 He/she knew enough
- 2 He/she knew something but not enough
- 3 He/she knew little or nothing
- 4 Can't say

G11. If you had any worries or fears about your condition or treatment, did he/she discuss them with you?

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

H. OVERALL ABOUT THE APPOINTMENT

H1. Do you need any help understanding English?

- 1 Yes →Go to H2
- 2 No →Go to H4

H2. When you were in the Outpatients Department, was there someone who could interpret for you?

- 1 Yes, a relative or friend
- 2 Yes, an interpreter from the hospital
- 3 Yes, someone else on the hospital staff
- 4 Yes, a telephone interpreter
- 5 No

H3. Were you given any information (e.g. leaflets, other types of media) in a language you can understand?

- 1 Yes
- 2 No

H4. Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?

- 1 This was my first visit →Go to H5
- 2 Yes, always →Go to H6
- 3 Yes, sometimes →Go to H5
- 4 No, never →Go to H5
- 5 Can't remember →Go to H5

H5. 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

H6. Did doctors and/or other staff talk in front of you as if you weren't there?

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

H7. While you were in the Outpatients 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

H8. How much information about your condition or treatment was given to your **family, carer or someone close to you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 No family, carer or friends were involved
- 5 They didn't want or need information
- 6 I didn't want them to have any information
- 7 Don't know / Can't say

H9. Were you given enough privacy when **discussing your condition or treatment**?

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

H10. Were you given enough privacy when **being examined or treated**?

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

H11. Did you have to undress when **being examined or treated**?

- 1 Yes →Go to H12
- 2 No →Go to H13
- 3 I wasn't examined or treated →Go to H13

H12. Were you told **before** your appointment that you would have to undress?

- 1 Yes
- 2 No, and I was not happy about it
- 3 No, but I did not mind
- 4 Don't know / Can't remember

H13. Did you have to wear a hospital gown at any point during your appointment?

- 1 Yes →Go to H14
2 No →Go to H15
3 Don't know / Can't remember →Go to H15

H14. Did you have to sit 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

H15. While you were in the Outpatients Department, did you feel threatened by anyone?

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

H16. 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?

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

H17. 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

H18. Was your appointment about a long term condition or illness that you need ongoing care or treatment for?

- 1 Yes →Go to H19
2 No →Go to H21

H19. Did doctors and/or staff ask you what was important to you in managing your condition or illness?

- 1 Yes, definitely
2 Yes, to some extent
3 No, but I would have liked this
4 This was not necessary

H20. Did your appointment help you to feel that you could better manage your condition or illness?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 This was not necessary

H21. Were medical students present when you were being treated or examined?

- 1 Yes →Go to H22
2 No →Go to H24

H22. Were you asked for permission for medical students to be present when you were being treated or examined?

- 1 Yes
2 No

H23. Were you upset because medical students were present?

- 1 Yes
2 No

H24. 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

H25. Did you have any questions about your care and treatment that you wanted to discuss but **did not**?

Yes →Go to H26

No →Go to J1

H26. Why **didn't** you discuss these questions? (Tick **ALL that apply**)

I was embarrassed about mentioning them

I forgot to mention them

I didn't have time to mention them

The member of staff didn't have time to listen

There were too many interruptions

There was not enough privacy

I didn't know who to ask

J. LEAVING THE OUTPATIENTS DEPARTMENT

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

J1. Before you left the Outpatients Department, were any **new** medications prescribed or ordered for you?

Yes →Go to J2

No →Go to J7

J2. Were you involved as much as you wanted to be in decisions about the best medicine for you?

Yes, definitely

Yes, to some extent

No

J3. Did a member of staff explain to you **how to take** the new medications?

Yes, completely

Yes, to some extent

No

I did not need an explanation

J4. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

Yes, completely

Yes, to some extent

No

I did not need an explanation

J5. Did a member of staff tell you about **medication side effects** to watch for?

Yes, completely

Yes, to some extent

No

I did not need this type of information

J6. Did the Outpatients Department staff give you a **printed information leaflet** about your medicines?

Yes

No

J7. If you were taking any medication **before** your outpatient appointment, were any changes made to this medication?

Yes →Go to J8

No →Go to J9

I was not taking any medication before my appointment →Go to J9

J8. Did a member of staff explain the **reason** for the change to your medication in a way that you could understand?

Yes, definitely

Yes, to some extent

No

I did not need an explanation

Information

J9. Did you receive **copies of letters** sent between hospital doctors and your family doctor (GP)?

- 1 Yes, as far as I know I received copies of **all** letters
- 2 I received copies of **some but not all** letters
- 3 No, **I did not receive copies** of any letters
- 4 I do not know if any letters were sent
- 5 I asked not to receive copies of letters

J10. As far as you know, was your GP given all the necessary information about the treatment or advice that you received at your appointment?

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

J11. Before you left the Outpatients Department, were you given any **written or printed information** about your condition or treatment?

- 1 Yes
- 2 No, but I would have liked it
- 3 No, but I did not need this type of information

J12. 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)?

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

J13. 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, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

J14. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

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

J15. 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

J16. 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 No but I did not want/need this information
- 5 Don't know / Can't remember

J17. 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 No but I did not want/need this information
- 5 Don't know / Can't remember

K. OVERALL IMPRESSION

K1. Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

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

K2. How well organised was the Outpatients Department you visited?

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

K3. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?

- ₁ Yes, all of the time
₂ Yes, some of the time
₃ No

K4. Overall, how would you rate the care you received at the Outpatients Department?

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

K5. Overall, were you treated with kindness and understanding while you were in the Outpatients Department?

- ₁ Yes, all of the time
₂ Yes, some of the time
₃ No

K6. Would you recommend this Outpatients Department to your family and friends?

- ₁ Yes, definitely
₂ Yes, probably
₃ No

K7. While at the 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

K8. Did you want to complain about the care you received in hospital?

- ₁ Yes →Go to K9
₂ No →Go to L1

K9. Did hospital staff give you the information you needed to do this?

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

L. YOUR BACKGROUND

L1. Are you male or female?

- ₁ Male
₂ Female

L2. What was your **year** of birth?

(Please write in) e.g.

1	9	3	4
---	---	---	---

1	9		
---	---	--	--

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

L3. What is your religion?

None →Go to L5

Christian (including Church of England, Catholic, Protestant and all other Christian denominations) →Go to L4

Muslim →Go to L4

Hindu →Go to L4

Sikh →Go to L4

Jewish →Go to L4

Buddhist →Go to L4

Any other religion (Please write in box) →Go to L4

L4. Were your religious beliefs respected by the hospital staff?

Yes, always

Yes, sometimes

No

My beliefs were not an issue during my hospital visit

L5. How old were you when you left full-time education?

16 years or less

17 or 18 years

19 years or over

Still in full-time education

L6. Do you have any of the following long-standing conditions? (Tick ALL that apply)

Deafness or severe hearing impairment →Go to L7

Blindness or partially sighted →Go to L7

A long-standing physical condition →Go to L7

A learning disability →Go to L7

A mental health condition →Go to L7

A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy →Go to L7

No, I do not have a long-standing condition →Go to L8

L7. Does this condition(s) cause you difficulty with any of the following? (Tick ALL that apply)

Everyday activities that people your age can usually do

At work, in education, or training

Access to buildings, streets or vehicles

Reading or writing

People's attitudes to you because of your condition

Communicating, mixing with others, or socialising

Any other activity

No difficulty with any of these

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**.

L8. Mobility

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

L9. Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

L10. Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

L11. Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

L12. Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

L13. To which of these ethnic groups would you say you belong? (Tick **ONE** only)

a. WHITE

- British
- Irish
- Any other white background
(Please write in box)

b. MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Any other ethnic group
(Please write in box)

M. ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the Outpatients Department, please do so here.

Was there anything particularly good about your visit to the Outpatients Department?

Was there anything that could have been improved?

Any other comments?

Sample

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.