



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 of the NHS Trust named in the accompanying letter.

BEFORE THE APPOINTMENT

1. 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?
 - 1 Up to 1 month
 - 2 1 month to 6 weeks
 - 3 More than 6 weeks but no more than 3 months
 - 4 More than 3 months but no more than 5 months
 - 5 More than 5 months but no more than 12 months
 - 6 More than 12 months but no more than 18 months
 - 7 More than 18 months
 - 8 I went to Outpatients without an appointment
 - 9 Don't know/ Can't remember
2. Were you given a choice of appointment times?
 - 1 Yes
 - 2 No, but I did not need/want a choice
 - 3 No, but I would have liked a choice
 - 4 Don't know/ Can't remember
3. Before your appointment, did you know what would happen to you during the appointment?
 - 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
4. Was your appointment changed to a later date by the hospital?
 - 1 No
 - 2 Yes, once
 - 3 Yes, 2 or 3 times
 - 4 Yes, 4 times or more

5. Have you ever visited this Outpatients Department before, for the same condition?
 - 1 Yes → Go to 6
 - 2 No → Go to 7
6. Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?
 - 1 Yes, always
 - 2 Yes, sometimes
 - 3 No, never
 - 4 Can't remember

WAITING

7. How long after the **stated appointment time** did the appointment start?
 - 1 Seen on time, or early → Go to 10
 - 2 Waited up to 5 minutes → Go to 10
 - 3 Waited 6 - 15 minutes → Go to 10
 - 4 Waited 16 - 30 minutes → Go to 8
 - 5 Waited 31 - 60 minutes → Go to 8
 - 6 Waited more than 1 hour but no more than 2 hours → Go to 8
 - 7 Waited more than 2 hours → Go to 8
 - 8 Don't know/ Can't remember → Go to 8
8. 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

9. 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

HOSPITAL ENVIRONMENT AND FACILITIES

10. 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

11. 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

SEEING A DOCTOR

12. Was all or part of your outpatient appointment with a **doctor**?

- 1 Yes → **Go to 13**
- 2 No → **Go to 20**

13. 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

14. 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

15. 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

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

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

17. 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

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

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

19. 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

SEEING ANOTHER PROFESSIONAL

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

- 1 Yes → **Go to 21**
- 2 No → **Go to 24**

21. Who was the **main** other person you saw? (Tick **ONE** only)

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

22. 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

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

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

OVERALL ABOUT THE APPOINTMENT

24. 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

25. 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

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

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

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

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

28. 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

29. 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

30. 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

TESTS AND TREATMENT

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

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

- 1 Yes → Go to 32
- 2 No → Go to 35

32. 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

33. 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

34. Did a member of staff explain **the results of the tests** in a way 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 the tests

Treatment

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

- 1 Yes → Go to 36
- 2 No → Go to 38

36. 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

37. 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

LEAVING THE OUTPATIENTS DEPARTMENT

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

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

- 1 Yes → Go to 39
- 2 No → Go to 42

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

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

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

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

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

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

Information

42. 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

43. 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

44. 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

OVERALL IMPRESSION

45. 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

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

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

47. 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

48. 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

YOUR BACKGROUND

49. Are you male or female?

- 1 Male
2 Female

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

(Please write in) e.g.

1	9	3	4
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1	9		
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51. Do you have any of the following long-standing conditions? (Tick **ALL** that apply)

- 1 Deafness or severe hearing impairment
→ Go to 52
- 2 Blindness or partially sighted
→ Go to 52
- 3 A long-standing physical condition
→ Go to 52
- 4 A learning disability
→ Go to 52
- 5 A mental health condition → Go to 52
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
→ Go to 52
- 7 No, I do not have a long-standing condition
→ Go to 53

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

- 1 Everyday activities that people your age can usually do
- 2 At work, in education, or training
- 3 Access to buildings, streets or vehicles
- 4 Reading or writing
- 5 People's attitudes to you because of your condition
- 6 Communicating, mixing with others, or socialising
- 7 Any other activity
- 8 No difficulty with any of these

Your own health state today

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

53. Mobility

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

54. 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

55. 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

56. Pain/Discomfort

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

57. Anxiety/Depression

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

58. 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)

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?

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.