

# Inpatient Patient Experience Survey

This survey is about your most recent stay in the **hospital named** in the letter which came with this survey.

The responses you give will help improve hospital services. Results of the survey will be shared with the hospital and NHS Board named in the letter which came with this survey; however, **all of the answers you provide will be entirely confidential.**

**Please read the enclosed letter and leaflet for more information about this survey.**



If you would prefer, you may also complete this survey online:

**[www.quality-health.co.uk/si16](http://www.quality-health.co.uk/si16)**

Or scan the QR Code with your tablet / smartphone



To do this you will need to enter the User name and Password which can be found on the letter which came with this survey

## Instructions

The questions should be answered by the person named on the letter which came with the survey. A friend or carer can help you complete the survey but the answers should be yours not theirs.

The survey takes around 20 minutes to complete. Please answer all questions, unless the instructions ask you to skip a question. For each question, please place a tick in the box next to the answer that most closely matches your own experience. For example, if your answer is yes, write in a tick as below:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.



**Complete by phone  
0800 783 1775**

**Monday – Friday  
9am – 5pm**

## Section 1. Admission to hospital: your most recent hospital stay

Please answer all of the questions in this survey about your **most recent stay** in the **hospital named** in the letter that came with the survey.

**Q1** Was your most recent hospital stay planned in advance or an emergency?

Please tick **ONE** box only

- 1  Emergency or urgent → **Go to Q2**  
 2  Waiting list or planned in advance → **Go to Q10**  
 3  Something else → **Go to Q2**

**Q2** When you arrived at hospital did you go to the Accident and Emergency Department (A&E)?

- 1  Yes → **Go to Q3**  
 2  No → **Go to Q12**  
 3  Don't know → **Go to Q12**

**Q3** In A&E, were you kept informed about how long you would have to wait to be seen by a nurse or doctor?

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

**Q4** In A&E, how did you feel about the length of time you waited to be seen by a nurse or doctor?

- 1  I didn't have to wait  
 2  It was reasonable  
 3  It was too long  
 4  Don't know / can't remember

**Q5**

In A&E, once you had been seen by a nurse or doctor were you kept informed about what was happening?

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

**Q6**

In A&E, did a nurse or doctor discuss your condition with you in a way you could understand?

- 1  Yes, completely  
 2  Yes, to some extent  
 3  No, but I would have liked them to  
 4  No, but I did not need to discuss it

**Q7**

Were you given enough privacy when being examined or treated in A&E?

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

**Q8**

When you were in A&E, did you feel safe?

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

**Q9**

Overall, how would you rate the care and treatment you received during your time in A&E?

Please tick **ONE** box only

- 1  Excellent  
 2  Good  
 3  Fair  
 4  Poor  
 5  Very Poor
- } → **Go to Q12**

## Waiting list and planned in advance patients

**Q10** How did you feel about the length of time you waited to be admitted to hospital after you were referred?

- 1  It was reasonable  
 2  It was too short  
 3  It was too long

**Q11** Did the information you were given before attending hospital help you understand what would happen?

- 1  Yes, a lot  
 2  Yes, a little  
 3  No, not at all  
 4  I wasn't given any information  
 5  Don't know / can't remember

## All types of admission (all patients)

**Q12** From the time you arrived at hospital, how did you feel about the time you had to wait to get to a bed on the ward?

- 1  It was reasonable  
 2  It was too long  
 3  I did not have to wait

**Q13** Overall, how would you rate your admission to hospital? (i.e. the period after you arrived at hospital until you got to a bed on the ward)

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

## Section 2. The hospital and ward: your most recent hospital stay

**Q14** How much do you agree or disagree with each of the following about the **hospital and ward** during your most recent hospital stay?

Please tick **ONE** box only on each line

|   | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| The main ward or room I stayed in was clean                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| The bathrooms and toilets were clean                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I was bothered by noise <b>at night</b> from <b>other patients</b>    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I was bothered by noise <b>at night</b> from <b>hospital staff</b>    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I was happy with the food/meals I received                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I was happy with the drinks I received                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| When I called I received assistance within a reasonable time          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| There were times when I felt threatened by other patients or visitors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| The equipment used for my treatment was clean                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**Q15** Did you know which nurse was in charge of the **ward**?

Please tick **ONE** box only

- 1  Yes, all or most of the time  
 2  Yes, some of the time  
 3  No, but I would have liked to know  
 4  No, but it didn't bother me

**Q16** Were hand-wash gels available for patients and visitors to use?

- 1  Yes, always  
 2  Yes, some of the time  
 3  No  
 4  Don't know / can't remember

**Q17** During your most recent stay in hospital did you have a single room at any time?

- 1  Yes, and I was happy  
 2  Yes, but I would have preferred to be with other patients  
 3  No, but I would have preferred to be in a single room  
 4  No, and I was happy

**Q18** During your stay, were you happy with the visiting hours?

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

**Q19** Did you feel you were able to spend enough time with the people that matter to you (e.g. family and friends)?

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

**Q20** Overall, how would you rate the hospital and ward environment?

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

### Section 3. Care and treatment: your most recent hospital stay

**Q21** How much do you agree or disagree with each of the following about your **care and treatment** during your stay in hospital?

Please tick **ONE** box only on each line

|  | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I was able to get adequate pain relief when I needed it            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I had enough privacy when being examined or treated                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I had enough privacy when my condition and treatment was discussed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I got enough help with washing and dressing when I needed it       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I got enough help with eating and drinking when I needed it        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

| Care and treatment cont'd   | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I got enough help with going to the bathroom or toilet when I needed it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I was kept as physically comfortable as I could expect to be            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**Q22**

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, and I would have liked to have been
- 4  No, but I didn't want to be involved

**Q23**

Were the people that matter to you (e.g. family & friends) involved in decisions about your care and treatment as much as you wanted?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No, and I would have liked them to be more involved
- 4  No, but they didn't need to be involved

**Q24**

Did you feel that staff took adequate care when carrying out physical procedures (e.g. injections or blood tests; inserting, checking or removing drips or catheters; moving you)?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember
- 5  Does not apply to me

**Q25**

While you were in hospital, did your condition get worse at any time?

- 1  No
- 2  Yes, and staff responded quickly
- 3  Yes, and staff did **not** respond quickly
- 4  Don't know / can't remember

**Q26**

During your stay in hospital, if you had a drip or needle in a vein to give you medicines or fluids, did any of the following occur?

Please tick **ALL** that apply

- 1  I didn't have a drip
- 2  I did have a drip and had no concerns
- 3  I did not feel it was checked regularly enough
- 4  I did not feel it was changed when required
- 5  I did not feel it was removed quickly enough
- 6  Don't know / can't remember

**Q27**

Did you experience any of the following problems during, or because of, your hospital stay?

Please tick **ALL** that apply

- 1  Infection (e.g. urinary tract infection, surgical wound infection, MRSA, CDiff, etc.)
- 2  Blood poisoning / sepsis
- 3  Blood clot (e.g. Deep Vein Thrombosis [DVT], embolism)
- 4  Bed sore (pressure sore)
- 5  Injury from falling over
- 6  Bad reaction to medication
- 7  Complication from surgery
- 8  Any other problems
- 9  None

**Q28** During your most recent hospital stay, did any of the following events occur?

Please tick **ALL** that apply

- 1  Incorrect diagnosis
- 2  Wrong treatment
- 3  Incorrect medicines
- 4  Incorrect doses of medicines
- 5  Delayed or incorrect test results
- 6  None → **Go to Q31**

**Q29** Did a member of staff discuss any of these events with you?

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

**Q30** Were you satisfied with how these events were dealt with?

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

**Q31** When you were in hospital, did you move wards?

- 1  Yes → **Go to Q32**
- 2  No → **Go to Q34**
- 3  Don't know / can't remember → **Go to Q34**

**Q32** What time did you move wards?

If you moved several times, please tick **ALL** that apply

- 1  Morning / afternoon
- 2  Evening (6pm to 10pm)
- 3  Middle of the night (10pm onwards)
- 4  Don't know / can't remember

**Q33** In your opinion, was moving you between wards managed well?

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

**Q34** Overall, how would you rate your care and treatment during your stay in hospital?

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

## Section 4. Operations and procedures: your most recent hospital stay

**Q35** During your most recent hospital stay, did you have an operation or procedure?

- 1  Yes → **Go to Q36**
- 2  No → **Go to Q41**

**Q36** 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

**Q37** 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

**Q38** 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
- 4  I did not want an explanation

**Q39**

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  Don't know / can't remember

**Q40**

After the operation or procedure, did a member of staff explain how it had gone in a way you could understand?

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

## Section 5. Staff: your most recent hospital stay

**Q41**

How much do you agree or disagree with each of the following when you think of the **doctors** who you came into contact with? **If you were not in contact with a doctor go to question 42.**

Please tick **ONE** box only on each line

|  | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Doctors knew enough about my condition and treatment                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Doctors discussed my condition and treatment with me in a way I could understand | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Doctors talked in front of me as if I was not there                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Doctors listened to me if I had any questions or concerns                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| As far as I was aware doctors washed/cleaned their hands at appropriate times    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I had confidence and trust in the doctors treating me                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**Q42**

How much do you agree or disagree with each of the following when you think of the **nurses** who you came into contact with? **If you were not in contact with any nurses go to question 45.**

Please tick **ONE** box only on each line

|   | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Nurses knew enough about my condition and treatment                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Nurses discussed my condition and treatment with me in a way I could understand | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Nurses talked in front of me as if I was not there                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Nurses listened to me if I had any questions or concerns                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

| Nurses cont'd  | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| As far as I was aware nurses washed/cleaned their hands at appropriate times | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I had confidence and trust in the nurses treating me                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**Q43** Did you know which nurse was in charge of **your care**?

- 1  Yes, all or most of the time
- 2  Yes, some of the time
- 3  No, but I would have liked to know
- 4  No, but it didn't bother me

**Q44** 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
- 4  Don't know / can't remember

**Q45** Did you think that the staff worked well together in organising your care?

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

**Q46** Did you feel that staff took account of the things that matter to you?

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

**Q47** Did you feel that you got enough emotional support from staff during your stay?

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

**Q48** Did you feel that staff treated you with compassion and understanding during your stay?

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

**Q49** Overall, how would you rate all the staff you came into contact with?

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

## Section 6. Leaving hospital: your most recent hospital stay

**Q50** On the day you left hospital, were you delayed for any reason?

Please tick **ONE** box only

- 1  Yes → **Go to Q51**
- 2  No → **Go to Q53**

**Q51** What was the **main** reason you were delayed?

Please tick **ONE** box only

- 1  I had to wait for **medicines**
- 2  I had to wait to **see the doctor**
- 3  I had to wait for **hospital transport**
- 4  I had to wait for my **discharge letter**
- 5  Something else



**Q52** How long was the delay?

- 1  Up to 1 hour
- 2  Longer than 1 hour but less than 2 hours
- 3  Longer than 2 hours but less than 4 hours
- 4  Longer than 4 hours
- 5  Don't know / can't remember

**Q53** How did you feel about the overall length of time you were in hospital?

- 1  It was reasonable
- 2  It was too long
- 3  It was too short
- 4  Don't know / can't remember

**Q54** Were you confident you could look after yourself when you left hospital?

- 1  Yes
- 2  No

**Q55** Before leaving hospital, were you confident that any help you needed had been arranged for you?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  I didn't need any help arranged

**Q56** If your condition meant you were eligible for hospital transport to take you home, were you happy with how this was arranged?

- 1  Not applicable to me
- 2  Yes
- 3  No

**Q57** How much do you agree or disagree with each of the following when you think about what happened when you were leaving hospital?

Please tick **ONE** box only on each line

|  | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I was involved in decisions about leaving hospital                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| My family or home situation was taken into account when planning for me leaving hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I knew who to contact if I had any questions after leaving hospital                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I was told about any danger signs to watch for when I left hospital                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**Q58** Were you given any medicines to take home when you left hospital?

- 1  Yes → **Go to Q59**
- 2  No → **Go to Q60**

**Q59** How much do you agree or disagree with the following statements regarding **your medicines**?

Please tick **ONE** box only on each line

|  | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          | Does not apply             | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I didn't have to wait too long to get my medicines     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I understood what my medicines were for                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I understood how and when to take my medicines         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| I understood the possible side effects of my medicines | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

**Q60** Overall, how would you rate the arrangements made for your leaving hospital?

Please tick **ONE** box only

1  Excellent    2  Good    3  Fair    4  Poor    5  Very poor

## Section 7. After leaving hospital: your most recent hospital stay

The next few questions ask about care and support services that you needed to be arranged before you could leave hospital. This includes any equipment needed in your home, home care or personal care, or a place in a care / nursing home.

**Q61** Did you need care or support services to be arranged for when you got out of hospital?

- 1  Yes → **Go to Q62**  
2  No → **Go to Q65**

**Q62** Did you have to stay in hospital longer than expected to wait for your care or support services to be organised?

- 1  Yes  
2  No

**Q63** Did you feel that you got the care and support services that were right for you?

- 1  Yes  
2  No

**Q64** Overall, how would you rate the care or support services you got after leaving hospital?

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

## Section 8. Overall experience: your most recent hospital stay

**Q65** Did you see, or were you given, any information explaining how to provide feedback or complain to the hospital about the care you received?

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

**Q66** Overall... (please circle a number)

I had a very **poor** experience                      I had a very **good** experience

0   1   2   3   4   5   6   7   8   9   10

## Section 9. Other comments about your experience of your hospital stay

**Q67**

If there is anything else you would like to tell us about your experience in hospital please write your comments below.

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Do you have any other comments?

## Section 10. About you

This information will help us find out if different groups of people have different experiences of treatment as an inpatient. Nobody at the hospital you attended will be able to see your answers to this section. **If you would prefer not to answer a particular question then you should skip it and go to the next question.**

**Q68**

What was your age last birthday?

**Q69**

Are you male or female?

- 1  Male  
2  Female

**Q70**

How would you rate your **health** in general? *Please tick **ONE** box only*

- 1  Good  
2  Fair  
3  Poor

**Q71** Do you have any of the following conditions which have lasted, or are expected to last at least 12 months?

Please tick **ALL** that apply

- 1  A physical disability
- 2  Chronic pain lasting at least 3 months
- 3  Another long-term condition
- 4  Mental health condition
- 5  Deafness or severe hearing impairment
- 6  Blindness or severe vision impairment
- 7  A learning disability
- 8  None of the above

**Q72** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age)

- 1  Yes, limited a lot
- 2  Yes, limited a little
- 3  No

**Q73** What **religion**, religious denomination or body do you belong to?

- 1  None
- 2  Church of Scotland
- 3  Roman Catholic
- 4  Other Christian
- 5  Muslim
- 6  Buddhist
- 7  Sikh
- 8  Jewish
- 9  Hindu
- 10  Pagan
- 11  Another religion (non-Christian)

**Q74** Which of the following options best describes how you think of yourself?

- 1  Heterosexual / Straight
- 2  Gay / Lesbian
- 3  Bisexual
- 4  Other

**Q75** What is your **ethnic group**?

Tick **ONE** box which best describes your ethnic group

- 1  White
- 2  Mixed or multiple ethnic groups
- 3  Asian, Asian Scottish or Asian British
- 4  African, Caribbean or Black or Black British
- 5  Other ethnic group

**Q76** Do you need an interpreter or other help to communicate?

- 1  Yes
- 2  No

NHS Statisticians hold information about your stay in hospital e.g. how long you were in hospital and reason for attending. We would like your permission to add your survey results to this information. Your information will be used only for research and will not identify you individually.

If you give your permission to add your survey results to this information it will not be shared with the people who looked after you and will in no way affect your current or future treatment or care.

**Q77** Do you give your permission for NHS Statisticians to add your survey results to information held about your hospital stay?

- 1  Yes
- 2  No

**Thank you for answering these questions.**

**Please return this survey FREEPOST, in the envelope provided.**