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**Better
Together**

NHS
SCOTLAND



Patient Feedback

Fill in this survey and help us improve hospital services



Scotland's Patient Experience Programme

Patient Survey

 **healthier
scotland**
SCOTTISH GOVERNMENT

Patient Survey

Help us improve hospital services

What is the survey about?

This survey is about your **most recent stay** as an inpatient at the hospital named in the letter enclosed with this questionnaire. The responses you give will help NHSScotland improve hospital services across the country. Please share **your** honest opinions with us and be assured that this will not have a negative effect on any future treatment or care.

Completing the survey

The questions should be answered by the person named on the letter which came with this survey. If a relative, friend or carer is helping you complete the survey please remember that all answers are given from **your** point of view – not the point of view of the person helping you.

The survey is easy to complete and should take around 20 minutes. You'll find short guidance notes below. The survey can also be completed over the phone by calling XXXX XXX XXXX.

- For each question please place a tick within the appropriate box - for example, if you strongly agree with a question then place a tick as follows in the strongly agree box.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Read the questions and instructions carefully.
- Sometimes you will find instructions to go to another question. By following these carefully you will avoid questions that do not apply to you.
- Don't worry if you make a mistake. Simply cross it out and tick the correct answer.
- Only answer questions you are comfortable answering. If you don't want to answer a question then move on to the next.

Questions, comments or help

Call our helpline number on Freephone XXXX XXX XXXX. You can also visit the Better Together website at www.bettertogetherscotland.com.

The reference number on this survey is for administrative purposes only and your contact details will only be kept if you give us permission to do so at the end of this form. Please be assured that your responses will not be shared with the health professionals who looked after you.

You can also place other comments anonymously on www.bettertogetherscotland.com by clicking on the link "Share your story".

If you do not wish to complete the survey please return it uncompleted in the envelope provided.

Taking part in the survey is voluntary and your answers will be treated in confidence.

Thank you for your time.



0800 XXX XXXX



0800 XXX XXXX

Section 1: Admission to hospital – your most recent hospital stay

Q1

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

Please tick **ONE** box only

- Emergency or urgent → Go to Q2

- Waiting list or planned in advance → Go to Q6

Q2

When you arrived at hospital did you go to the Accident and Emergency Department (A & E)? Please tick **ONE** box only

- Yes → Go to Q3

- No → Go to Q8

- Don't know → Go to Q8

How much do you agree or disagree with each of the following about the A&E?

Q3

In A&E I was told how long I would have to wait

Please tick **ONE** box only

- Strongly agree

- Agree

- Neither agree nor disagree

- Disagree

- Strongly disagree

- Not relevant

- Don't know

Q4

In A&E I was told what was happening in a way I could understand

Please tick **ONE** box only

- Strongly agree

- Agree

- Neither agree nor disagree

- Disagree

- Strongly disagree

- Not relevant

- Don't know

Q5

Overall, how would you rate the care and treatment you received during your time in A&E? Please tick **ONE** box only

- Excellent

- Good

- Fair

- Poor

- Very Poor

→ Now go to Q8

Waiting List and Planned In Advanced Patients

Q6

If your hospital visit was planned in advance how did you feel about the length of time you waited to be admitted to hospital after being referred?

Please tick **ONE** box only

- It was reasonable

- It was too short

- It was too long

Q7

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

Please tick **ONE** box only

- Yes, a lot

- Yes, a little

- No, not at all

- I wasn't given any information

- Don't know

All Patients (planned in advance or emergency)

Q8

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?

Please tick **ONE** box only

- It was reasonable

- It was too long

- I did not have to wait

Q9

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)

Please tick **ONE** box only

- Excellent

- Good

- Fair

- Poor

- Very Poor

Section 2: The hospital and ward – your most recent hospital stay

Q10 How much do you agree or disagree with each of the following about your stay in hospital?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
The main ward or room I stayed in was clean	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
The bathrooms and toilets were clean	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was bothered by noise	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
My religious and spiritual needs were respected	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was happy with the food and drink that I received	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
There were times when I felt bothered or threatened by other patients or visitors	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I knew who was in charge of the ward	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Q11 During your most recent stay in hospital did you share a room or bay with members of the opposite sex?

Please tick **ONE** box only

1 Yes → Go to Q12

0 No → Go to Q13

Q12 How did you feel about sharing a room or bay with members of the opposite sex?

Please tick **ONE** box only

1 I didn't mind

2 I did mind

Q13 Overall, how would you rate the hospital environment?

Please tick **ONE** box only

5 Excellent

4 Good

3 Fair

2 Poor

1 Very Poor

Section 3: Care and treatment – your most recent hospital stay

Q14 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 on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
I was able to get adequate pain relief when I needed it	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I had privacy when being examined or treated	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I had privacy when my condition and treatment was discussed	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I got help with washing and dressing when I needed it	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I got help with eating and drinking when I needed it	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Before moving wards, a member of staff explained what would happen	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Moving wards was well managed	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Q15 How did you feel about being involved in decisions about your care and treatment?

Please tick **ONE** box only

- | | |
|---|--|
| <input type="checkbox"/> 1 I was involved more than I wanted to be | <input type="checkbox"/> 4 I did not wish to be involved |
| <input type="checkbox"/> 2 I was involved as much as I wanted to be | <input type="checkbox"/> 996 Not relevant |
| <input type="checkbox"/> 3 I was not involved enough | <input type="checkbox"/> 997 Don't know |

Q16 During your time in hospital were you in any of the following units/settings?

Please tick **ONE** box on each line

- | | Yes | No | Don't know |
|----------------------------|----------------------------|----------------------------|------------------------------|
| High Dependency Unit (HDU) | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 997 |
| Intensive Care Unit (ICU) | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 997 |

Q17 Overall, how would you rate your care and treatment during your stay in hospital?

Please tick **ONE** box only

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

Section 4: Staff – your most recent hospital stay

Q18 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 19.**

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
There was enough time to talk to the doctors	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Doctors knew enough about my condition and treatment	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Doctors explained the risks and benefits of any treatment in a way I could understand	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Doctors talked in a way that helped me understand my condition and treatment	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Doctors gave me clear explanations about any operations and procedures (e.g. what would happen, how I could expect to feel)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Doctors told me how my operation or procedure had gone in a way I could understand	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Doctors listened to me if I had any questions or concerns	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
As far as I was aware doctors washed/ cleaned their hands at appropriate times	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Q19

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 a nurse go to question 20.**

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
There was enough time to talk to the nurses	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Nurses knew enough about my condition and treatment	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Nurses talked in a way that helped me understand my condition and treatment	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Nurses gave me clear explanations about any operations and procedures (e.g. what would happen, how I could expect to feel)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Nurses listened to me if I had any questions or concerns	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
As far as I was aware nurses washed/cleaned their hands at appropriate times	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Q20

How much do you agree or disagree that staff worked well together in organising your care?

Please tick **ONE** box only

- 5 Strongly agree
- 4 Agree
- 3 Neither agree nor disagree
- 2 Disagree
- 1 Strongly disagree
- 996 Not relevant
- 997 Don't know

Q21

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

Please tick **ONE** box only

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

Section 5: Leaving hospital – your most recent hospital stay

Q22 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 on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
I was happy with how long I had to wait around when I was told I could go home	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was given help with arranging transport	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I understood who to contact if I had any questions after leaving hospital	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was told about any danger signals to watch for when I got home	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was given advice on how to look after myself	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was confident that any help I needed had been arranged for when I got home	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Q23 How much do you agree or disagree with each of the following about any medication you were given? **If you didn't get any medicines go to question 24.**

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
I understood what my medicines were for	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I understood how and when to take my medicines	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I understood the possible side effects and what to do if I had any concerns	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Q24 Overall, how would you rate the arrangements made for you leaving hospital?

Please tick **ONE** box only

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

Q25 How important were each of the following to you?

Please tick **ONE** box on each line

	Very important	Important	Quite important	Of little importance	Not important	Not relevant	Don't know
Being treated with respect	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Being treated with care	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Getting the best treatment for my condition	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Trusting the people looking after me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Understanding what was happening to me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Being as physically comfortable as I could expect to be	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
Being confident I could look after myself when I left hospital	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Now that you have identified the importance of each of these areas to you, we would like to ask you...

Q26 How much do you agree or disagree that each of the following happened during your stay in hospital?

Please tick **ONE** box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
I was treated with respect	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was treated with care	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I got the best treatment for my condition	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I trusted the people looking after me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I understood what was happening to me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was as physically comfortable as I could expect to be	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997
I was confident I could look after myself when I left hospital	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 996	<input type="checkbox"/> 997

Section 7: Other comments you may like to make about your most recent hospital stay

Q27 If there is anything else you would like to tell us about your experience in hospital please write your comments below.

We have provided examples of areas you may wish to give further detail on. We have given these as a guide, you can decide if you wish to complete a general comment (the last line) and/or if you wish to provide further detail on some of the areas we have suggested.

Admission to hospital	
The hospital and ward	
Care and treatment	
Staff	
Leaving hospital	
Arrangements for discharge home	
Other (please write in)	

Section 8: 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. **If you would prefer not to answer a particular question then you should skip it and go to the next question.**

Q28 How would you rate your **health** in general? *Please tick **ONE** box only*

- ₃ Good
 ₂ Fair
 ₁ Poor

Q29 Do you have any of the following?
*Please tick **ALL** that apply*

- ₁ Deafness or severe hearing impairment
 ₂ Blindness or severe vision impairment
 ₃ A physical disability
 ₄ A learning disability (such as Down's Syndrome)
 ₅ A learning difficulty (such as dyslexia)
 ₆ A mental health condition (such as depression or schizophrenia)
 ₇ A long term condition (such as diabetes, cancer, HIV, heart disease or epilepsy)
 ₉₉₈ Other, please write in:

Q30 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) *Please tick **ONE** box only*

- _{1.1} Yes, limited a lot
 _{1.2} Yes, limited a little
 ₀ No

Q31 What **religion**, religious denomination or body do you belong to?

*Please tick **ONE** box only*

- ₁₂₁ None
 ₀₅₀ Church of Scotland
 ₁₄₆ Roman Catholic
 ₀₃ Other Christian
 ₁₁₅ Muslim
 ₀₂₂ Buddhist
 ₁₅₈ Sikh
 ₁₀₆ Jewish
 ₀₉₅ Hindu
 ₁₂₉ Pagan
 ₉₉₈ Another religion, please write in:

Q32 Which of the following options best describes how you think of yourself?
*Please tick **ONE** box only*

- ₁ Heterosexual / Straight
 ₂ Gay / Lesbian
 ₃ Bisexual
 ₉₉₈ Other

Q33 Do you need an **interpreter** or other **help to communicate**?

*Please tick **ONE** box only*

- ₀ No
 ₁ Yes – what type of help do you need?

Q34 What is your **ethnic group**?
Choose **ONE** section from A to E, then tick **ONE** box which best describes your ethnic group or background

01 A White

- 004 Scottish
- 003 English
- 005 Welsh
- 038 Northern Irish
- 001 British
- 002 Irish
- 100 Gypsy/Traveller
- 016 Polish

998 Other, please write in:

01 B Mixed or multiple ethnic groups

029 Please write in:

03 C Asian, Asian Scottish or Asian British

- 042 Pakistani, Pakistani Scottish or Pakistani British
- 041 Indian, Indian Scottish or Indian British
- 043 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 081 Chinese, Chinese Scottish or Chinese British

998 Other, please write in:

04 D African, Caribbean or Black

- 062 African, African Scottish or African British
- 061 Caribbean, Caribbean Scottish or Caribbean British
- 066 Black, Black Scottish or Black British

998 Other, please write in:

05 E Other ethnic group

076 Arab

998 Other, please write in:

Q35 Are you male or female?
Please tick **ONE** box only

- 1 Male
- 2 Female

Q36 What was your age last birthday?

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.

Q37 Do you give your permission for NHS Statisticians to add your survey results to information held about your hospital stay?

Please tick **ONE** box only

- 1 Yes
- 0 No

Q38 NHS Boards will be conducting further research in order that they can learn more about the experiences of patients. Would you like to be considered as a participant in this future research?

Please tick **ONE** box only

- 1 Yes, I would like to take part in any future research
- 0 No, I would not like to take part in any future research

Thank you for answering these questions. Please return this survey to FREEPOST, in the envelope provided.