

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. **Your individual responses will be confidential and will not be shared with the health professionals who looked after you.**

Please read the enclosed letter and leaflet for more information about 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 is easy to answer and takes 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.



If you would prefer, you can complete this survey online at

[Add address here](#)

To do this, you will need to enter this ID:



Complete by phone
0800 xxx xxxxx

XXXXXXXXXXXXXXXXXXXX

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*

- 1 Emergency or urgent → **Go to Q2**
2 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*

- 1 Yes → **Go to Q3**
2 No → **Go to Q8**
7 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*

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

Q4 In A&E I was told what was happening in a way I could understand
*Please tick **ONE** box only*

- 1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 Not relevant
7 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*

- 1 Excellent
2 Good
3 Fair
4 Poor
5 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*

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

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

All Patients (planned in advance or emergency)

Q8 Were you transferred to or from another hospital?
*Please tick **ONE** box only*

- 1 Yes
2 No
7 Don't know

Q9 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*

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

Q10 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*

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

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

Q11 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"/> 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 at night	<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 during the day	<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 and drink that 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 bothered or 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
I knew who was in charge of the ward	<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

Q12 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

2 No

Q13 Overall, how would you rate the hospital environment?

Please tick **ONE** box only

1 Excellent

2 Good

3 Fair

4 Poor

5 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"/> 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 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 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 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 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
I got 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
Before moving wards, a member of staff explained what would happen	<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
Moving wards was well managed	<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 How did you feel about being involved in decisions about your care and treatment?

- 1 I was involved more than I wanted to be
- 2 I was involved as much as I wanted to be
- 3 I was not involved enough

Q16 When you were in hospital were you in a High Dependency Unit (HDU) or Intensive Care Unit? (ICU)

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

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

Please tick **ONE** box only

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 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
Doctors introduced themselves to 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
There was enough time to talk to the doctors	<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 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 explained the risks and benefits of any treatment 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 a way that helped me understand 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 gave me clear explanations about any operations and procedures (e.g. what would happen, how I could expect to feel)	<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 told me how my operation or procedure had gone 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

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
Nurses introduced themselves to 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
There was enough time to talk to the nurses	<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 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 talked in a way that helped me understand 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 gave me clear explanations about any operations and procedures (e.g. what would happen, how I could expect to feel)	<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
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

Q20

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

Please tick **ONE** box only

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Q21

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

Please tick **ONE** box only

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 5 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
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 was happy with how long I had to wait around when I was told I could go home	<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
Any medicines I needed before I could go home were given to me in 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
I was given help with arranging transport	<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 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 signals to watch for when I got home	<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 given advice on how to look after myself	<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 confident that any help I needed had been arranged 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

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"/> 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 and what to do if I had any 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

Q24

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

*Please tick **ONE** box only*

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

Section 6: Overall experience of your most recent hospital stay

Q25

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
I was treated with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was treated with care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I got the best treatment for my condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I trusted the people looking after me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I understood what was happening to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was 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
My religious and spiritual needs were respected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was confident I could look after myself when I left hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 7: Other comments about your experiences of your hospital stay

Q26

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

Your experience of admission to hospital	
Your experience of the hospital and ward	
Your experience of care and treatment	
Your experience of staff	
Your experience of leaving hospital	

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.**

Q27 How would you rate your **health** in general? *Please tick **ONE** box only*

- 1 Good
2 Fair
3 Poor

Q28 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 Deafness or partial hearing loss
2 Blindness or partial sight loss
3 Learning disability (for example, Down's Syndrome)
4 Learning difficulty (for example, dyslexia)
5 Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)
6 Physical disability
7 Mental health condition
8 Long-term illness, disease or condition

Q29 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*

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

Q30 What was your age last birthday?

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

*Please tick **ONE** box only*

- 1 None
2 Church of Scotland
3 Roman Catholic
4 Other Christian (please write in)

- 5 Muslim
6 Buddhist
7 Sikh
8 Jewish
9 Hindu
10 Pagan
11 Another non Christian religion or body, 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
4 Other

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

*Please tick **ONE** box only*

- 1 No
2 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

A White

- 1 Scottish
- 2 Other British
- 3 Irish
- 4 Gypsy/Traveller
- 5 Polish
- 6 Other white ethnic group

B Mixed or multiple ethnic groups

- 7 Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

- 8 Pakistani, Pakistani Scottish or Pakistani British
- 9 Indian, Indian Scottish or Indian British
- 10 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 11 Chinese, Chinese Scottish or Chinese British
- 12 Other Asian group

D African

- 13 African, African Scottish, African British
- 14 Other African Group

E Caribbean or Black

- 15 Caribbean, Caribbean Scottish or Caribbean British
- 16 Black, Black Scottish, Black British
- 17 Other Caribbean or Black Group

F Other ethnic group

- 18 Arab, Arab Scottish or Arab British
- 19 Other ethnic group

Q35 Are you male or female?

Please tick **ONE** box only

- 1 Male
- 2 Female

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.

Q36 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
- 2 No

Q37 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
- 2 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.**