Patient Experience Questionnaire

What is the survey about?

This survey is about your experience as a user of NHS health care services.

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.
YOUR EXPERIENCE

1. How easy did you find it to get the care you needed when you wanted it?
   1. Very easy
   2. Fairly easy
   3. Not very easy
   4. Difficult
   5. Very difficult

2. Were you given clear and understandable information about your condition and treatment?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. I was offered information but chose not to take it

3. Were you involved as much as you wanted to be in decisions about your condition and treatment?
   1. Yes, definitely
   2. Yes, to some extent
   3. No

4. Were you given the opportunity to talk about your worries and fears with regards to your condition?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. I had no worries or fears

5. Did the different people treating and caring for you work well together to give you the best possible care?
   1. Yes, always
   2. Yes, sometimes
   3. No, never
   4. Can’t remember
   5. Not relevant

6. Did the healthcare staff offer your family, carers or friends the opportunity to be involved in decisions about your condition and treatment?
   1. Yes, always
   2. Yes, sometimes
   3. No, never
   4. There were no family members, carers or friends available to be involved
   5. I didn’t want my family, carers or friends to be involved in decisions about my care and treatment

7. Did healthcare staff respond to your individual needs?
   1. Yes, at all times
   2. Yes, most of the time
   3. Yes, some of the time
   4. No, never

8. Did healthcare staff do everything they could to make you feel physically comfortable?
   1. Yes, at all times
   2. Yes, most of the time
   3. Yes, some of the time
   4. No, never

9. Did you have confidence and trust in the healthcare staff?
   1. Yes, always
   2. Yes, sometimes
   3. No

10. How helpful has your care been in dealing with the problem(s) you sought help for?
    1. Extremely helpful
    2. Very helpful
    3. Helpful
    4. A little helpful
    5. Not at all helpful
11. Have health services helped you to better understand and manage your own health?
   1. Yes, definitely
   2. Yes, to some extent
   3. No

12. Overall, were you treated with kindness and understanding?
   1. Yes, always
   2. Yes, sometimes
   3. No

13. Overall, did healthcare staff keep you informed about what would happen next?
   1. Yes, completely
   2. Yes, to some extent
   3. No

14. Who was the main person or people that filled in this questionnaire?
   1. The patient (named on the front of the envelope)
   2. A friend or relative of the patient
   3. Both patient and friend/relative together
   4. The patient with the help of a health professional

Reminder: All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.

15. How many times have you used NHS services in the past 6 months?
   1. Once
   2. 2 or 3 times
   3. 4 or 5 times
   4. More than 5 times

16. Are you male or female?
   1. Male
   2. Female

17. What was your year of birth?
   (Please write in) e.g. 1 9 3 4

18. Do you have any of the following long-standing conditions? (Tick ALL that apply)
   1. Deafness or severe hearing impairment ➔ Go to 19
   2. Blindness or partially sighted ➔ Go to 19
   3. A long-standing physical condition ➔ Go to 19
   4. A learning disability ➔ Go to 19
   5. A mental health condition ➔ Go to 19
   6. A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy ➔ Go to 19
   7. No, I do not have a long-standing condition ➔ Go to 20

19. 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
20. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE
   1. ☐ English/Welsh/Scottish/Northern Irish/British
   2. ☐ Irish
   3. ☐ Gypsy or Irish traveller
   4. ☐ Any other white background, write in...

b. MIXED / MULTIPLE ETHNIC GROUPS
   5. ☐ White and Black Caribbean
   6. ☐ White and Black African
   7. ☐ White and Asian
   8. ☐ Any other Mixed/multiple ethnic background, write in...

c. ASIAN / ASIAN BRITISH
   9. ☐ Indian
   10. ☐ Pakistani
   11. ☐ Bangladeshi
   12. ☐ Chinese
   13. ☐ Any other Asian background, write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH
   14. ☐ African
   15. ☐ Caribbean
   16. ☐ Any other Black / African / Caribbean background, write in...

e. OTHER ETHNIC GROUP
   17. ☐ Arab
   18. ☐ Any other ethnic group, write in...

ANY OTHER COMMENTS
If there is anything else you would like to tell us about your experience, please do so here.

Was there anything particularly good about your hospital care?

Was there anything that could be 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.