

Inpatient Survey

Were you: a patient a relative/carer?

Month you/patient were in hospital:

Ward:

1. If you needed to use your call ball, how many minutes did it usually take before you got the help you needed? <input type="checkbox"/> 0 minutes/right away <input type="checkbox"/> 1-2 minutes <input type="checkbox"/> 3-5 minutes <input type="checkbox"/> More than 5 minutes <input type="checkbox"/> I never used the call bell
2. Did you get enough help from staff to eat your meals? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I did not need help
3. Have you been involved as much as you wanted to be in decisions about your care and treatment? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
4. Did you find someone on the hospital staff to talk to about any worries or fears? <input type="checkbox"/> Yes definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I had no worries or fears
5. Were you given enough privacy when discussing your condition or treatment? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not always <input type="checkbox"/> Never <input type="checkbox"/> Not needed
6. Were you ever bothered by noise at night from hospital staff? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
7. In your opinion, how clean was the hospital area, room or ward that you were in? <input type="checkbox"/> Very clean <input type="checkbox"/> Fairly clean <input type="checkbox"/> Not very clean <input type="checkbox"/> Not at all clean <input type="checkbox"/> I did not notice
8. When you had important questions to ask a doctor, did you get answers that you could understand? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I had no questions
9. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> No family or friends were involved <input type="checkbox"/> I did not want my family/friend to speak to a doctor
10. Do you think hospital staff did everything they could to help control your pain? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not have pain
11. When you needed help from staff with your personal care did you get it? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> Did not need help
12. If you have now been discharged, did a member of staff tell you about medication side effects to watch out for when you went home? <input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I didn't need an explanation <input type="checkbox"/> I did not take medication home <input type="checkbox"/> Not discharged
13. If you have been discharged, did hospital staff tell you who to contact if you were worried about your treatment or condition after you left hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet discharged <input type="checkbox"/> Don't know/can't remember
14. Overall, how would you rate the care you received? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
15. Would you recommend this hospital to your family and friends? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Please write in any additional comments using the back of this sheet.

Please return your completed survey to: The Patient Relations Team, Freepost RLRJ-XCCE-CCZH
Level 2 Main Entrance, Royal Berkshire Hospital, London Road, Reading RG1 5AN.

Thank you for completing this survey