

INPATIENT FEEDBACK

This is a sample questionnaire that can be extended to include feedback on admission procedures and personal detail which can be used to ensure a range of responses across age and ethnicity without identifying the individual. For the purposes of this survey, the feedback starts with the stay on the ward.

THE WARD

Q1. Did you stay in more than one ward?

1 Yes

2 No

Q2. If you answered YES to the last question, can you say how many wards you stayed in?

Q3. Did you share a room or ward with patients of the opposite sex?

1 Yes

2 No

Q4. What type of room or ward were you in for the majority of your stay?

1 A large ward

3 A shared room

2 A bay with less than 6 other patients

4 A single room

Q5. How clean was the ward or room you mostly stayed in?

1 Clean

3 Not very clean

2 Fairly Clean

4 Not clean at all

Q6. How clean was the bathroom and toilet you used during your stay?

1 Clean

3 Not very clean

2 Fairly clean

4 Not clean at all

Q7. Please rate the hospital food

1 Very good

3 Reasonable

2 Good

4 Poor

LEAVING HOSPITAL

Q11. If your discharge was delayed for any reason, please indicate why?

1 Wait for transport

3 Wait for medication

2 Wait for a doctor

4 Additional health reasons

5 Other

Q12. Medication

	Yes, completely	Yes, to some extent	No	Not needed
Was the purpose of the medication you were take explained to you before you left hospital?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Were any side effects from taking the medication explained to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Were any problems or potential issues regarding your illness ore treatment explained to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Did you get all the information you needed to help you recover?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Did anyone discuss with you any health or social care services you would need?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Thank you for completing this questionnaire.