

# INPATIENT QUESTIONNAIRE

Your participation in this survey is voluntary. Your answer will be treated in confidence.  
Please remember, this questionnaire is about your **most recent** stay at the Cambridge Private Hospital.

## A. ADMISSION TO HOSPITAL – PLANNED ADMISSION

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**A1.** Before being admitted to hospital, were you given any printed information about **the hospital**?

1.  Yes
2.  No

**A2.** Before being admitted to hospital, were you given any printed information about **your condition of treatment**?

1.  Yes
2.  No

**A3.** How organized was the admission process?

1.  Not at all organised
2.  Fairly organised
3.  Very organised

## B. THE HOSPITAL & WARD

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**B1.** Were you ever bothered by noise **at night** from **hospital staff**?

1.  Yes
2.  No

**B2.** In your opinion, how clean was the hospital room or ward that you were in?

1.  Very Clean
2.  Fairly Clean
3.  Not at all clean

**B3.** How clean were the toilets and bathrooms that you used in hospital?

1.  Very Clean
2.  Fairly Clean
3.  Not at all clean

**B4.** How would you rate the hospital food

1.  Very good
2.  Good
3.  Fair
4.  Poor

**B5.** How much food were you given?

1.  Too much
2.  The right amount
3.  Too little

**C. CONSULTANTS**

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**C1.** When you had important questions to ask a doctor, did you get answers that you could understand?

1.  Yes, always
2.  Yes, sometimes
3.  No

**C2.** If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?

1.  Yes, completely
2.  Yes, to some extent
3.  No

**C3.** Did you have confidence and trust in the doctors treating you?

1.  Yes, always
2.  Yes, sometimes
3.  No

**C4.** If you ever needed to talk to a doctor, did you get the opportunity to do so?

1.  Yes, always
2.  Yes, sometimes
3.  No

**D. NURSES**

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**D1.** When you had important questions to ask a nurse, did you get answers that you could understand?

1.  Yes, always
2.  Yes, sometimes
3.  No

**D2.** If you had any worries or fears about your condition or treatment, did a nurse discuss them with you?

1.  Yes, completely
2.  Yes, to some extent
3.  No

**D3.** Did you have confidence and trust in the nurses treating you?

1.  Yes, always
2.  Yes, sometimes
3.  No

**D4.** If you ever needed to talk to a nurse, did you get the opportunity to do so?

1.  Yes, always
2.  Yes, sometimes
3.  No

**D5.** How did you rate the courtesy of your nurses?

1.  Excellent
2.  Very good
3.  Good
4.  Fair
5.  Poor

**D6.** In your opinion, did the nurses who treated you know enough about you condition or treatment?

1.  All of the nurses knew enough
2.  Most of the nurses knew enough
3.  Only some of the nurses knew enough

## **E. YOUR CARE & TREATMENT**

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**E1.** Sometimes in a hospital, a member of the staff will say one thing and another will say something quite different. Did this happen to you?

1.  Yes, often
2.  Yes, sometimes
3.  No
4.  If YES, what was it concerning?

**E2.** How much information about your condition or treatment was given to **you**?

1.  Not Enough
2.  The right amount
3.  Too much

**E3.** Were you given enough privacy when discussing your condition or treatment?

1.  Yes, always
2.  Yes, sometimes
3.  No

**Cambridge Private Hospital**

**E4.** Were you given enough privacy when being examined or treated?

1.  Yes, always
2.  Yes, sometimes
3.  No

**E5.** When you needed help getting to the toilet for the first time, did the nurses attend to you quickly.

1.  Yes, always
2.  Yes, sometime
3.  No

## **F. PAIN**

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**F1.** Did you ever request pain medicine?

1.  Yes
2.  No

**F2.** Do you think the hospital staff did everything they could to help control your pain?

1.  Yes, definitely
2.  Yes, to some extent
3.  No

**F3.** Overall, how much pain medicine did you get?

1.  Enough
2.  Not enough
3.  Too Much

## **F. OPERATIONS & PROCEDURES CONSULTANTS**

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**G1.** Beforehand did the Consultant explain what would be done during the operation or procedure?

1.  Yes, completely
2.  Yes, to some extent
3.  No

**G2.** Beforehand did the Consultant explain the risk and benefits of the operation or procedure in a way you could understand?

1.  Yes, completely
2.  Yes, to some extent
3.  No

**G3.** Beforehand did the Consultant answer your questions about the operation or procedure in a way you could understand?

1.  Yes, completely
2.  Yes, to some extent
3.  No

**G4.** Before the operation or procedure, did a member of the staff tell you accurately how you would feel afterwards?

1.  Yes, completely
2.  Yes, to some extent
3.  No

**G5.** After the operation or procedure, did the Consultant explain how the operation or procedure had gone in a way you could understand?

1.  Yes, completely
2.  Yes, to some extent
3.  No

## **G. LEAVING HOSPITAL**

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**H1.** Since the beginning of your consultation, have you been prepared for your care at home.

1.  Yes
2.  Somewhat
3.  No

**H2.** Did you receive printed information before admission on what to expect and the care required when you return home?

1.  Yes
2.  No

**H3.** Did a member of the staff explain the purpose of the medicines you were to take at home in a way you could understand?

1.  Yes, completely
2.  Yes, to some extent
3.  No
4.  I did not need medicines

**H4.** Did a member of the staff tell you about medication side effects to watch for when you went home?

1.  Yes, completely
2.  Yes, to some extent

**H5.** Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

1.  Yes
2.  No
3.  Don't know / Can't remember

## **J. OVERALL**

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**J1.** Overall, did you feel you were treated with respect and dignity while you were in the hospital?

1.  Yes, always
2.  Yes, sometimes
3.  No

**J2.** Overall, how would you rate the care you received?

1.  Excellent
2.  Very good
3.  Good
4.  Fair
5.  Poor

**J3.** Would you recommend this hospital to your family and friends?

1.  Yes, definitely
2.  Yes, probably
3.  No

**J4.** Did you read the patient information folder in your room?

1.  Yes
2.  No

If YES, were you aware of how to make any suggestions if you felt that you had a problem or query during your stay?

3.  Yes
4.  No

## **K. ABOUT YOU**

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**K1.** Are you a male or female?

1.  Male
2.  Female

**K2.** What was your year of birth?

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**K3.** To which of these ethnic groups would you say you belong (**Tick ONE only**)

a. WHITE

1.  British
2.  Irish
3.  Any other White background (**please write in the box**)

b. MIXED

1.  White and Black Caribbean
2.  White and Black African
3.  White and Asian
4.  Any other mixed background(**please write in the box**)

## **L. OTHER COMMENTS**

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

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**L1.** Was there anything particularly good about your hospital care?

**L2.** Was there anything that could have been improved?

**L3.** Any other comments?

**L4.** Your signature (*Optional*)

**THANK YOU VERY MUCH FOR YOUR HELP**  
Please check that you answered all the questions that apply to you.

Medical/inpatient Questionnaire Jan 2005