

In Safe Hands Patient Experience Questionnaire

Below are a series of statements concerning your thoughts and feelings about your experience in hospital.

Please circle the response that most appeals.

	<i>Yes, always</i>	<i>Yes, to some extent</i>	<i>No</i>	<i>Not applicable</i>	
Staff knowledge about your care and treatment					
In your opinion, did the doctors who treated you know enough about your medical history and the reason you were in hospital?	1	2	3		
In your opinion, did the nurses who treated you know enough about your care and treatment?	1	2	3		
Did you have confidence and trust in the members of your health care team?	1	2	3		
Communication					
If you needed to talk to a member of your health care team, did you get the opportunity to do so?	1	2	3	4	
If your family or someone else close to you wanted to talk to a member of the health care team, did they have the opportunity to do so?	1	2	3	4	
Did a member of your health care team explain any test, X-ray or scan results in a way that you could understand?	1	2	3	4	
Were you given enough privacy when discussing your condition or treatment?	1	2	3		
Did you feel you were treated with respect and dignity while you were in the hospital?	1	2	3		
Did the staff treating and examining you introduce themselves?	1	2	3		
Were you aware of who all the members of your health care team were?	1	2	3		
Involvement in your care					
Were you involved, as much as you wanted to be, in decisions about your care and treatment?	1	2	3		
Did you feel involved in decisions about your discharge from hospital?	1	2	3		
	<i>Very good</i>	<i>good</i>	<i>adequate</i>	<i>poor</i>	<i>Very Poor</i>
Health care team					
How well organised was the care you received in hospital?	1	2	3	4	5
How would you rate how well the doctors and nurses worked together?	1	2	3	4	5

Which, if any, of the following other healthcare professionals did you receive care or treatment from during this hospital stay?

Please tick all the boxes that apply to you

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|---|--|
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Radiographer (X-ray, ultrasound, MRI) |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Other healthcare professional: _____ |
| <input type="checkbox"/> Psychologist | |