**Patient Experience Survey**

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

Please circle the response that most appeals.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | ***Yes, always*** | | ***Yes, to some extent*** | | ***No*** | | ***Not applicable*** | |
| ***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 | |  | |
|  | ***Very good*** | | ***good*** | | ***adequate*** | | ***poor*** | | ***Very Poor*** |
| ***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*

Dietitian

Occupational Therapist

Pharmacist

Physiotherapist

Psychologist

Radiographer (X-ray, ultrasound, MRI)

Social worker

Speech Pathologist

Other healthcare professional: \_\_\_\_\_\_\_\_\_