**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: \_\_\_\_\_\_\_\_\_