Family / Carer Experience Survey

Below are a series of statements concerning your thoughts and feelings about your experience as a family member / carer in our hospital. Please circle the response that most appeals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Yes, always*** | ***Yes, to some extent*** | ***No*** | ***N/A*** |
| ***Staff knowledge about your relative / friends care and treatment*** | | | | |
| In your opinion, did the doctors who treated your relative/friend know enough about their medical history and the reason they were in hospital? |  |  |  |  |
| In your opinion, did the nurses who treated your relative/friend know enough about their care and treatment? |  |  |  |  |
| In your opinion, did other health care professionals who treated your relative/friend know enough about their care and treatment? |  |  |  |  |
| When you offered information regarding the person you care for, were you satisfied the staff listened to you and took notice of the information? |  |  |  |  |
| ***Communication*** | | | | |
| If you needed to talk to a member of your health care team, did you get the opportunity to do so? |  |  |  |  |
| Did nurses ask the name of or check your relative/friends identification band before giving any medications, treatments or tests? |  |  |  |  |
| Did all members of the health care team introduce themselves to you? |  |  |  |  |
| ***Involvement in your relative/friends care*** | | | | |
| Were you involved, as much as you wanted to be, in decisions about your relative/friends care and treatment? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***very good*** | ***good*** | ***adequate*** | ***poor*** | ***very Poor*** |
| ***Health care team*** |  | | | | |
| How would you rate how well the doctors and nurses worked together? |  |  |  |  |  |
| How would you rate how well the nurses and other health care professionals worked together? |  |  |  |  |  |

**Which, if any, of the following health care professionals did your relative / friend receive care or treatment from during this hospital stay?**

*Please tick all the boxes that apply to you*

Radiographer (X-ray, ultrasound, MRI)

Social worker

Speech Pathologist

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

Dietician

Occupational Therapist

Pharmacist

Physiotherapist

Psychologist