

# Outpatients Questionnaire

## What is the survey about?

This survey is about your **most recent** Outpatients appointment at the NHS hospital named in the letter enclosed with this questionnaire.

## Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view - not the point of view of the person who is helping.

## Completing the questionnaire

For most questions, please tick  clearly inside one box using a black or blue pen. For some questions you will be instructed that you may tick more than one box.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please **do not** write your name or address anywhere on the questionnaire.

## Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.

**Taking part in this survey is voluntary.  
Your answers will be treated in confidence.**

Please remember, this questionnaire is about your **most recent** visit to the Outpatient Department.

## A. BEFORE THE APPOINTMENT

**A1.** Have you ever visited this Outpatients Department before for the same condition?

<sub>1</sub>  Yes      →Go to A4

<sub>2</sub>  No      →Go to A2

**A2.** From the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?

<sub>1</sub>  Up to 1 month

<sub>2</sub>  1 month to 6 weeks

<sub>3</sub>  More than 6 weeks but no more than 3 months

<sub>4</sub>  More than 3 months but no more than 5 months

<sub>5</sub>  More than 5 months but no more than 12 months

<sub>6</sub>  More than 12 months but no more than 18 months

<sub>7</sub>  More than 18 months

<sub>8</sub>  I went to Outpatients without an appointment

<sub>9</sub>  Don't know / Can't remember

**A3.** Did your symptoms or condition get worse while you were waiting for your appointment?

<sub>1</sub>  Yes, definitely

<sub>2</sub>  Yes, to some extent

<sub>3</sub>  No

<sub>4</sub>  Don't know / Can't remember

**A4.** In the last 12 months, how many times (including this one) have you visited the Outpatient Department for any condition?

<sub>1</sub>  This was the only time

<sub>2</sub>  2 to 3 times

<sub>3</sub>  4 to 8 times

<sub>4</sub>  More than 8 times

***Thinking about your most recent visit to the Outpatient Department...***

**A5.** Were you given a choice of appointment times?

<sub>1</sub>  Yes

<sub>2</sub>  No, but I did not need/want a choice

<sub>3</sub>  No, but I would have liked a choice

<sub>4</sub>  Don't know / Can't remember

**A6.** Was your appointment changed **to a later date** by the hospital?

<sub>1</sub>  No

<sub>2</sub>  Yes, once

<sub>3</sub>  Yes, 2 or 3 times

<sub>4</sub>  Yes, 4 times or more

**A7.** Before your appointment, were you given any printed information about the **hospital**?

<sub>1</sub>  Yes

<sub>2</sub>  No, but I would have liked this information

<sub>3</sub>  No, but I did not need this information

<sub>4</sub>  Don't know / Can't remember

**A8.** Before your appointment, were you given any printed information about **your condition or treatment**?

<sub>1</sub>  Yes

<sub>2</sub>  No, but I would have liked this information

<sub>3</sub>  No, but I did not need this information

<sub>4</sub>  Don't know / Can't remember

**A9.** Before your appointment, did you know the reason for the appointment?

- <sub>1</sub> Yes, definitely  
 <sub>2</sub> Yes, to some extent  
 <sub>3</sub> No

**A10.** Before your appointment, did you know who to contact if your symptoms or condition got worse?

- <sub>1</sub> Yes  
 <sub>2</sub> No

**A11.** Before your appointment, did you know what would happen to you during the appointment?

- <sub>1</sub> Yes, definitely  
 <sub>2</sub> Yes, to some extent  
 <sub>3</sub> No

**A12.** Before your appointment, were you given the **name** of the person that the appointment was with?

- <sub>1</sub> Yes      →Go to A13  
 <sub>2</sub> No      →Go to A14

**A13.** When you arrived, was your appointment with the person you were told it would be with?

- <sub>1</sub> Yes  
 <sub>2</sub> No, and I was not happy about it  
 <sub>3</sub> No, but I did not mind  
 <sub>4</sub> Don't know / Can't remember

**If you have visited this Outpatients Department before, please now go to B1**

**A14.** Who referred you to see a specialist? (**Tick ONE only**)

- <sub>1</sub> A doctor from my local general practice  
 <sub>2</sub> Any other doctor or specialist  
 <sub>3</sub> A practice nurse or nurse practitioner  
 <sub>4</sub> Any other health professional (for example, a dentist, optometrist, or physiotherapist)  
 <sub>5</sub> Don't know / Can't remember

**A15.** When you were referred to see a specialist, were you offered a choice of hospital for your first outpatient appointment?

- <sub>1</sub> Yes                          →Go to A17  
 <sub>2</sub> No, but I would have liked a choice                  →Go to A16  
 <sub>3</sub> No, but I didn't mind                  →Go to A16  
 <sub>4</sub> Don't know / Can't remember                  →Go to A16

**A16.** Were you told why you were not offered a choice about where you were referred to?

- <sub>1</sub> Yes, definitely                  →Go to B1  
 <sub>2</sub> Yes, to some extent                  →Go to B1  
 <sub>3</sub> No                                  →Go to B1  
 <sub>4</sub> Don't know / Can't remember                  →Go to B1

**If you were not offered a choice, please now go to B1**

**A17.** Overall, how much information did you get about the different hospitals to help you choose?

- <sub>1</sub> I got enough information                  →Go to A18  
 <sub>2</sub> I got some information, but not enough                  →Go to A18  
 <sub>3</sub> I did not get any information but I would have liked some                  →Go to A19  
 <sub>4</sub> I did not get any information but I did not want/need any                  →Go to A19

**A18.** Was the information about different hospitals easy to understand?

- Yes, definitely
- Yes, to some extent
- No

**A19.** Was the hospital where you had your outpatient appointment your **first choice**?

- Yes → Go to A20
- No → Go to A21
- Can't remember → Go to A20

**A20.** What was your main reason for choosing this hospital? (**Tick ONE only**)

- Location / easy to get to
- Length of wait for an appointment
- Good record of low infection rates (e.g. MRSA, other superbugs)
- Personal experience
- Recommended by friends/family
- Recommended by GP or NHS staff
- Specialist hospital for my condition
- Reputation of hospital and/or staff
- Other

**A21.** What sources of information did you use to help you choose where to have your outpatient appointment? (**Tick ALL that apply**)

- GP → Go to A22
- Consultant → Go to A22
- Any other NHS staff member → Go to A22
- Myself / my own previous experience → Go to A22
- A booklet or leaflet about my choices → Go to A22
- NHS Choices website → Go to A22
- Other internet site → Go to A22
- Family / friends → Go to A22
- None - I did not need information → Go to B1
- Other → Go to A22

**A22.** What was the **most useful** source of information when choosing where to have your outpatient appointment? (**Tick ONE only**)

- GP
- Consultant
- Any other NHS staff member
- Myself / my own previous experience
- A booklet or leaflet about my choices
- NHS Choices website
- Other internet site
- Family / friends
- Other

## B. ARRIVAL AT THE HOSPITAL

**B1.** How did you travel to the hospital for your most recent outpatient appointment? Please think about your main form of transport only (**Tick ONE only**)

- By Patient Transport Services  
(Hospital transport / Non urgent ambulance transport) → Go to B2
- By car → Go to B3
- By taxi → Go to B4
- On foot → Go to B4
- On public transport → Go to B4
- Other → Go to B4

**B2.** Did the hospital transport pick you up at the arranged time?

- Yes → Go to B4
- No, it arrived earlier than I expected → Go to B4
- No, it arrived later than I expected → Go to B4
- I wasn't given a time → Go to B4
- Don't know / Can't remember → Go to B4

**B3.** Was it possible to find a convenient place to park in the hospital car park?

- Yes
- No
- I did not need to find a place to park
- Don't know / Can't remember

**B4.** How long did it take you to get from home to the Outpatients Department?

- Up to 30 minutes
- 31 - 60 minutes
- More than 1 hour but no more than 2 hours
- More than 2 hours
- Don't know / Can't remember

**B5.** Once you arrived at the hospital, was it easy to find your way to the Outpatients Department?

- Yes, definitely
- Yes, but it could be improved
- No
- Don't know / Can't remember

**B6.** When you arrived at the Outpatients Department, how would you rate the courtesy of the receptionist?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

**B7.** In the reception area, could other patients overhear what you talked about with the receptionist?

- Yes, and I was **not happy** about it
- Yes, but I did not mind
- No, others could not overhear
- Don't know / Can't say

## C. WAITING IN THE HOSPITAL

**Still thinking about your most recent visit to the Outpatient Department...**

**C1.** How long after the **stated appointment time** did the appointment start?

- <sub>1</sub> Seen on time, or early → Go to C5  
 <sub>2</sub> Waited up to 5 minutes → Go to C5  
 <sub>3</sub> Waited 6 - 15 minutes → Go to C5  
 <sub>4</sub> Waited 16 - 30 minutes → Go to C2  
 <sub>5</sub> Waited 31 - 60 minutes → Go to C2  
 <sub>6</sub> Waited more than 1 hour but no more than 2 hours → Go to C2  
 <sub>7</sub> Waited more than 2 hours → Go to C2  
 <sub>8</sub> Don't know / Can't remember → Go to C2

**C2.** Were you told **how long** you would have to wait?

- <sub>1</sub> Yes, but the wait was **shorter**  
 <sub>2</sub> Yes and I had to wait about as long as I was told  
 <sub>3</sub> Yes, but the wait was **longer**  
 <sub>4</sub> No, I was not told  
 <sub>5</sub> Don't know / Can't remember

**C3.** Were you told **why** you had to wait?

- <sub>1</sub> Yes  
 <sub>2</sub> No, but I would have liked an explanation  
 <sub>3</sub> No, but I did not mind  
 <sub>4</sub> Don't know / Can't remember

**C4.** Did someone **apologise** for the delay?

- <sub>1</sub> Yes  
 <sub>2</sub> No, but I would have liked an apology  
 <sub>3</sub> No, but I did not mind

**C5.** Were you able to find a place to sit in the waiting area?

- <sub>1</sub> Yes, I found a place to sit straight away → Go to C6  
 <sub>2</sub> Yes, but I had to wait for a seat → Go to C6  
 <sub>3</sub> No, I could not find a place to sit → Go to C7  
 <sub>4</sub> I did not want to find a place to sit → Go to C7  
 <sub>5</sub> Don't know / Can't remember → Go to C7

**C6.** Were the seats in the waiting area comfortable?

- <sub>1</sub> Yes, definitely  
 <sub>2</sub> Yes, to some extent  
 <sub>3</sub> No  
 <sub>4</sub> Don't know / Can't remember

**C7.** Was the waiting area the right temperature for you?

- <sub>1</sub> Yes, it was the right temperature  
 <sub>2</sub> No, it was too hot  
 <sub>3</sub> No, it was too cold  
 <sub>4</sub> Don't know / Can't remember

**C8.** Were suitable magazines or newspapers provided in the waiting area?

- <sub>1</sub> Yes  
 <sub>2</sub> No  
 <sub>3</sub> I did not want/need any  
 <sub>4</sub> Don't know / Can't remember

## D. HOSPITAL ENVIRONMENT AND FACILITIES

D1. Was it easy to get through the main entrance and move around in the Outpatients Department?

- Yes, it was easy  
 No, it was difficult  
 Don't know / Can't remember

D2. In your opinion, how clean was the Outpatients Department?

- Very clean  
 Fairly clean  
 Not very clean  
 Not at all clean  
 Can't say

D3. How clean were the toilets at the Outpatients Department?

- Very clean  
 Fairly clean  
 Not very clean  
 Not at all clean  
 I did not use a toilet

D4. Did you see any posters or leaflets in the Outpatients Department asking patients and visitors to wash their hands or to use hand-wash gels?

- Yes  
 No  
 Can't remember

D5. Were hand-wash gels available for patients and visitors to use?

- Yes  
 Yes, but they were empty  
 I did not see any hand-wash gels  
 Can't remember

D6. Were you able to get suitable food and drinks when you were in the Outpatients Department?

- Yes  
 No  
 I was told not to eat or drink before my appointment  
 I didn't know if I was allowed to eat or drink  
 I did not want anything to eat or drink

D7. Were you ever bothered by noise during your visit to the Outpatients Department?

- Yes  
 No

D8. If you needed help from a porter to get around the hospital did you get it?

- Yes, as soon as I needed it  
 Yes, but I had to wait  
 No  
 I did not need any help from a porter

## E. TESTS AND TREATMENT

### Tests (e.g. x-rays or scans)

E1. Did you have any tests (such as x-rays, scans or blood tests) when you last visited the Outpatients Department?

- Yes → Go to E2  
 No → Go to E10

**E2.** Before your appointment, were you told that you would have a test(s)?

- Yes  
 No, and I did not mind that I wasn't told  
 No, but I would have liked to know

**E3.** Did a member of staff explain **why you needed these test(s)** in a way you could understand?

- Yes, completely  
 Yes, to some extent  
 No  
 I did not need an explanation

**E4.** Was it easy to find where you needed to go in the hospital to have these test(s)?

- Yes, definitely  
 Yes, but could be improved  
 No  
 Don't know / Can't remember

**E5.** Did a member of staff explain **what would happen** during your test in a way you could understand?

- Yes, completely  
 Yes, to some extent  
 No

**E6.** Did a member of staff tell you **when** you would find out the results of your test(s)?

- Yes  
 No  
 Not sure / Can't remember

**E7.** Did a member of staff tell you **how** you would find out the results of your test(s)?

- Yes  
 No  
 Not sure / Can't remember  
 I did not need an explanation

**E8.** Did a member of staff explain **the results of the tests** in a way you could understand?

- Yes, definitely → Go to E9  
 Yes, to some extent → Go to E9  
 No → Go to E9  
 Not sure / Can't remember → Go to E9  
 I was told I would get the results at a later date → Go to E10  
 I was never told the results of the tests → Go to E10

**E9.** If you had questions to ask about the test results, did you get answers that you could understand?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not need to ask  
 I did not have an opportunity to ask

## Treatment

*By treatment we mean any medical or surgical intervention, procedure or therapy*

**E10.** During your outpatient appointment, did you have any treatment for your condition?

- Yes → Go to E11  
 No → Go to F1

**E11.** Before your appointment, did you know that you would be undergoing treatment?

- Yes  
 No, and I did not mind that I wasn't told  
 No, but I would have liked to know

**E12.** Before the treatment did a member of staff explain what would happen?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not want an explanation

**E13.** Before the treatment did a member of staff explain any **risks and/or benefits** in a way you could understand?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not want an explanation

**E14.** Before the treatment did a member of staff answer your questions in a way you could understand?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not have any questions

**E15.** Afterwards, did a member of staff explain how the treatment had gone in a way you could understand?

- Yes, completely  
 Yes, to some extent  
 No, I did not get an explanation I could understand  
 No, but they explained it to a friend or family member

## F. SEEING A DOCTOR

**F1.** Was any part of your outpatient appointment with a **doctor**?

- Yes → Go to F2  
 No → Go to G1

**F2.** Did you have **enough time** to discuss your health or medical problem with the doctor?

- Yes, definitely  
 Yes, to some extent  
 No

**F3.** Did the doctor seem aware of your medical history?

- He/she knew enough  
 He/she knew something but not enough  
 He/she knew little or nothing  
 Don't know / Can't say

**F4.** How long were you with the doctor?

- Up to 5 minutes  
 6 - 10 minutes  
 11- 20 minutes  
 21 - 30 minutes  
 More than 30 minutes  
 Can't remember

**F5.** Did the doctor explain the reasons for any treatment or action in a way that you could understand?

- Yes, completely  
 Yes, to some extent  
 No  
 I did not need an explanation  
 No treatment or action was needed

F6. Did the doctor **listen** to what you had to say?

- Yes, definitely  
 Yes, to some extent  
 No

F7. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?

- Yes, definitely  
 Yes, to some extent  
 No

F8. If you had important questions to ask the doctor, did you get answers that you could understand?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not need to ask  
 I did not have an opportunity to ask

F9. Did you have confidence and trust in the doctor examining and treating you?

- Yes, definitely  
 Yes, to some extent  
 No

F10. If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?

- Yes, completely  
 Yes, to some extent  
 No  
 I did not have worries or fears

## G. SEEING ANOTHER PROFESSIONAL

G1. Was all or part of your outpatient appointment with any member of staff, **other than a doctor**?

- Yes → Go to G2  
 No → Go to H1

G2. Who was the **MAIN** person, other than a doctor, you saw? (**Tick ONE only**)

- A nurse  
 A physiotherapist  
 A radiographer  
 Someone else (**Please write in box**)

G3. Did you have **enough time** to discuss your health or medical problem with him/her?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not need to discuss it with him/her

G4. How long were you with him/her?

- Up to 5 minutes  
 6 - 10 minutes  
 11 - 20 minutes  
 21 - 30 minutes  
 More than 30 minutes  
 Can't remember

**G5.** Did he/she explain the reasons for any treatment or action in a way that you could understand?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not want an explanation  
 No treatment or action was needed

**G6.** Did he/she **listen** to what you had to say?

- Yes, definitely  
 Yes, to some extent  
 No

**G7.** Did you think that he/she was deliberately not telling you certain things that you wanted to know?

- Yes, definitely  
 Yes, to some extent  
 No

**G8.** If you had important questions to ask him/her, did you get answers that you could understand?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not need to ask  
 I did not have an opportunity to ask

**G9.** Did you have confidence and trust in him/her?

- Yes, definitely  
 Yes, to some extent  
 No

**G10.** Did he/she seem aware of your medical history?

- He/she knew enough  
 He/she knew something but not enough  
 He/she knew little or nothing  
 Can't say

**G11.** If you had any worries or fears about your condition or treatment, did he/she discuss them with you?

- Yes, completely  
 Yes, to some extent  
 No  
 I did not have worries or fears

## H. OVERALL ABOUT THE APPOINTMENT

**H1.** Do you need any help understanding English?

- Yes → Go to H2  
 No → Go to H4

**H2.** When you were in the Outpatients Department, was there someone who could interpret for you?

- Yes, a relative or friend  
 Yes, an interpreter from the hospital  
 Yes, someone else on the hospital staff  
 Yes, a telephone interpreter  
 No

**H3.** Were you given any information (e.g. leaflets, other types of media) in a language you can understand?

- Yes  
 No

**H4.** Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?

- This was my first visit →Go to H5
- Yes, always →Go to H6
- Yes, sometimes →Go to H5
- No, never →Go to H5
- Can't remember →Go to H5

**H5.** Did the staff treating and examining you introduce themselves?

- Yes, all of the staff introduced themselves
- Some of the staff introduced themselves
- Very few or none of the staff introduced themselves
- Don't know / Can't remember

**H6.** Did doctors and/or other staff talk in front of you as if you weren't there?

- Yes, definitely
- Yes, to some extent
- No

**H7.** While you were in the Outpatients Department, how much information about your condition or treatment was given to **you**?

- Not enough
- Right amount
- Too much
- I was not given any information about my treatment or condition

**H8.** How much information about your condition or treatment was given to your **family, carer or someone close to you**?

- Not enough
- Right amount
- Too much
- No family, carer or friends were involved
- They didn't want or need information
- I didn't want them to have any information
- Don't know / Can't say

**H9.** Were you given enough privacy when **discussing your condition or treatment**?

- Yes, definitely
- Yes, to some extent
- No

**H10.** Were you given enough privacy when **being examined or treated**?

- Yes, definitely
- Yes, to some extent
- No

**H11.** Did you have to undress when **being examined or treated**?

- Yes →Go to H12
- No →Go to H13
- I wasn't examined or treated →Go to H13

**H12.** Were you told **before** your appointment that you would have to undress?

- Yes
- No, and I was not happy about it
- No, but I did not mind
- Don't know / Can't remember

**H13.** Did you have to wear a hospital gown at any point during your appointment?

- Yes → Go to H14  
 No → Go to H15  
 Don't know / Can't remember → Go to H15

**H14.** Did you have to sit in an area with other patients while wearing the gown?

- Yes, and I was not happy about it  
 Yes, but I did not mind  
 No  
 Don't know / Can't remember

**H15.** While you were in the Outpatients Department, did you feel threatened by anyone?

- Yes, definitely  
 Yes, to some extent  
 No

**H16.** Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- Yes, definitely  
 Yes, to some extent  
 No

**H17.** Were you involved as **much as you wanted to be** in decisions about your care and treatment?

- Yes, definitely  
 Yes, to some extent  
 No

**H18.** Was your appointment about a long term condition or illness that you need ongoing care or treatment for?

- Yes → Go to H19  
 No → Go to H21

**H19.** Did doctors and/or staff ask you what was important to you in managing your condition or illness?

- Yes, definitely  
 Yes, to some extent  
 No, but I would have liked this  
 This was not necessary

**H20.** Did your appointment help you to feel that you could better manage your condition or illness?

- Yes, definitely  
 Yes, to some extent  
 No  
 This was not necessary

**H21.** Were medical students present when you were being treated or examined?

- Yes → Go to H22  
 No → Go to H24

**H22.** Were you asked for permission for medical students to be present when you were being treated or examined?

- Yes  
 No

**H23.** Were you upset because medical students were present?

- Yes  
 No

**H24.** Did staff wear name badges?

- Yes, all of the staff wore name badges  
 Some of the staff wore name badges  
 Very few or none of the staff wore name badges  
 Don't know / Can't remember

**H25.** Did you have any questions about your care and treatment that you wanted to discuss but **did not?**

Yes      →**Go to H26**

No      →**Go to J1**

**H26.** Why **didn't** you discuss these questions? (**Tick ALL that apply**)

- I was embarrassed about mentioning them
- I forgot to mention them
- I didn't have time to mention them
- The member of staff didn't have time to listen
- There were too many interruptions
- There was not enough privacy
- I didn't know who to ask

## J. LEAVING THE OUTPATIENTS DEPARTMENT

**Medications** (e.g. medicines, tablets, ointments)

**J1.** Before you left the Outpatients Department, were any **new** medications prescribed or ordered for you?

Yes      →**Go to J2**

No      →**Go to J7**

**J2.** Were you involved as much as you wanted to be in decisions about the best medicine for you?

Yes, definitely

Yes, to some extent

No

**J3.** Did a member of staff explain to you **how to take** the new medications?

Yes, completely

Yes, to some extent

No

I did not need an explanation

**J4.** Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

Yes, completely

Yes, to some extent

No

I did not need an explanation

**J5.** Did a member of staff tell you about **medication side effects** to watch for?

Yes, completely

Yes, to some extent

No

I did not need this type of information

**J6.** Did the Outpatients Department staff give you a **printed information leaflet** about your medicines?

Yes

No

**J7.** If you were taking any medication **before** your outpatient appointment, were any changes made to this medication?

Yes                          →**Go to J8**

No                          →**Go to J9**

I was not taking any medication before my appointment                  →**Go to J9**

**J8.** Did a member of staff explain the **reason** for the change to your medication in a way that you could understand?

Yes, definitely

Yes, to some extent

No

I did not need an explanation

## Information

J9. Did you receive **copies of letters** sent between hospital doctors and your family doctor (GP)?

- Yes, as far as I know I received copies of **all** letters  
 I received copies of **some but not all** letters  
 No, I **did not receive copies** of any letters  
 I do not know if any letters were sent  
 I asked not to receive copies of letters

J10. As far as you know, was your GP given all the necessary information about the treatment or advice that you received at your appointment?

- Yes  
 No  
 Don't know

J11. Before you left the Outpatients Department, were you given any **written or printed information** about your condition or treatment?

- Yes  
 No, but I would have liked it  
 No, but I did not need this type of information

J12. Before you left the Outpatients Department, were you told what would happen next (e.g. whether you needed another outpatients appointment, to see your GP etc)?

- Yes  
 No  
 Don't know / Can't remember

J13. Did hospital staff tell you when you could **resume your usual activities**, such as when to go back to work or drive a car?

- Yes, definitely  
 Yes, to some extent  
 No  
 I did not need this type of information

J14. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

- Yes, completely  
 Yes, to some extent  
 No  
 I did not need this type of information

J15. Did hospital staff tell you **who to contact** if you were worried about your condition or treatment after you left hospital?

- Yes  
 No  
 Don't know / Can't remember

J16. Did hospital staff give you information about **voluntary and support groups** for people who have a similar condition in your local area?

- Yes  
 No, but I would have liked some  
 No, but I got information from somewhere else  
 No but I did not want/need this information  
 Don't know / Can't remember

J17. Did hospital staff give you information about any **government assistance**, such as benefits, tax breaks or home care, for people in your situation or with your condition?

- Yes  
 No, but I would have liked some  
 No, but I got information from somewhere else  
 No but I did not want/need this information  
 Don't know / Can't remember

## K. OVERALL IMPRESSION

**K1.** Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

Yes, completely

Yes, to some extent

No

**K2.** How well organised was the Outpatients Department you visited?

Not at all organised

Fairly organised

Very well organised

**K3.** Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?

Yes, all of the time

Yes, some of the time

No

**K4.** Overall, how would you rate the care you received at the Outpatients Department?

Excellent

Very good

Good

Fair

Poor

Very poor

**K5.** Overall, were you treated with kindness and understanding while you were in the Outpatients Department?

Yes, all of the time

Yes, some of the time

No

**K6.** Would you recommend this Outpatients Department to your family and friends?

Yes, definitely

Yes, probably

No

**K7.** While at the hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?

Yes

No

Don't know / Can't remember

**K8.** Did you want to complain about the care you received in hospital?

Yes → Go to K9

No → Go to L1

**K9.** Did hospital staff give you the information you needed to do this?

Yes, completely

Yes, to some extent

No

## L. YOUR BACKGROUND

**L1.** Are you male or female?

Male

Female

**L2.** What was your **year** of birth?

(Please write in) e.g.

1 9 3 4

1 9

**The following questions are optional. If you prefer, you may leave them blank.**

**L3. What is your religion?**

- |  |                  |
|--|------------------|
| <input type="checkbox"/> None  | <b>→Go to L5</b> |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <b>→Go to L4</b> |
| <input type="checkbox"/> Muslim  | <b>→Go to L4</b> |
| <input type="checkbox"/> Hindu   | <b>→Go to L4</b> |
| <input type="checkbox"/> Sikh  | <b>→Go to L4</b> |
| <input type="checkbox"/> Jewish  | <b>→Go to L4</b> |
| <input type="checkbox"/> Buddhist  | <b>→Go to L4</b> |
| <input type="checkbox"/> Any other religion (Please write in box)  | <b>→Go to L4</b> |

**L4. Were your religious beliefs respected by the hospital staff?**

- |  |
|--|
| <input type="checkbox"/> Yes, always   |
| <input type="checkbox"/> Yes, sometimes  |
| <input type="checkbox"/> No  |
| <input type="checkbox"/> My beliefs were not an issue during my hospital visit |

**L5. How old were you when you left full-time education?**

- |   |
|---|
| <input type="checkbox"/> 16 years or less             |
| <input type="checkbox"/> 17 or 18 years               |
| <input type="checkbox"/> 19 years or over             |
| <input type="checkbox"/> Still in full-time education |

**L6. Do you have any of the following long-standing conditions? (Tick ALL that apply)**

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Deafness or severe hearing impairment  | <b>→Go to L7</b> |
| <input type="checkbox"/> Blindness or partially sighted   | <b>→Go to L7</b> |
| <input type="checkbox"/> A long-standing physical condition   | <b>→Go to L7</b> |
| <input type="checkbox"/> A learning disability  | <b>→Go to L7</b> |
| <input type="checkbox"/> A mental health condition  | <b>→Go to L7</b> |
| <input type="checkbox"/> A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | <b>→Go to L7</b> |
| <input type="checkbox"/> No, I do not have a long-standing condition  | <b>→Go to L8</b> |

**L7. Does this condition(s) cause you difficulty with any of the following? (Tick ALL that apply)**

- |  |
|--|
| <input type="checkbox"/> Everyday activities that people your age can usually do |
| <input type="checkbox"/> At work, in education, or training                      |
| <input type="checkbox"/> Access to buildings, streets or vehicles                |
| <input type="checkbox"/> Reading or writing                                      |
| <input type="checkbox"/> People's attitudes to you because of your condition     |
| <input type="checkbox"/> Communicating, mixing with others, or socialising       |
| <input type="checkbox"/> Any other activity                                      |
| <input type="checkbox"/> No difficulty with any of these                         |

## Your own health state today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

### L8. Mobility

- <sub>1</sub> I have no problems in walking about  
 <sub>2</sub> I have some problems in walking about  
 <sub>3</sub> I am confined to bed

### L9. Self-Care

- <sub>1</sub> I have no problems with self-care  
 <sub>2</sub> I have some problems washing or dressing myself  
 <sub>3</sub> I am unable to wash or dress myself

### L10. Usual Activities (e.g. work, study, housework, family or leisure activities)

- <sub>1</sub> I have no problems with performing my usual activities  
 <sub>2</sub> I have some problems with performing my usual activities  
 <sub>3</sub> I am unable to perform my usual activities

### L11. Pain/Discomfort

- <sub>1</sub> I have no pain or discomfort  
 <sub>2</sub> I have moderate pain or discomfort  
 <sub>3</sub> I have extreme pain or discomfort

### L12. Anxiety/Depression

- <sub>1</sub> I am not anxious or depressed  
 <sub>2</sub> I am moderately anxious or depressed  
 <sub>3</sub> I am extremely anxious or depressed

**L13. To which of these ethnic groups would you say you belong? (Tick ONE only)**

#### a. WHITE

- <sub>1</sub> British  
 <sub>2</sub> Irish  
 <sub>3</sub> Any other white background  
**(Please write in box)**

#### b. MIXED

- <sub>4</sub> White and Black Caribbean  
 <sub>5</sub> White and Black African  
 <sub>6</sub> White and Asian  
 <sub>7</sub> Any other mixed background  
**(Please write in box)**

#### c. ASIAN OR ASIAN BRITISH

- <sub>8</sub> Indian  
 <sub>9</sub> Pakistani  
 <sub>10</sub> Bangladeshi  
 <sub>11</sub> Any other Asian background  
**(Please write in box)**

#### d. BLACK OR BLACK BRITISH

- <sub>12</sub> Caribbean  
 <sub>13</sub> African  
 <sub>14</sub> Any other black background  
**(Please write in box)**

#### e. CHINESE OR OTHER ETHNIC GROUP

- <sub>15</sub> Chinese  
 <sub>16</sub> Any other ethnic group  
**(Please write in box)**

## M. ANY OTHER COMMENTS

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

Was there anything particularly good about your visit to the Outpatients Department?

Was there anything that could have been improved?

Any other comments?

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please check that you answered all the questions that apply to you.**

**Please post this questionnaire back in the FREEPOST envelope provided.**

**No stamp is needed.**