



<Barcode>
 <Title> <First Name> <Last Name>
 <Address Line 1>
 <SUBURB> <STATE> <POSTCODE>

Date

Dear <First Name> <Last Name>

Your feedback about your hospital experience is important

I am writing to invite you to provide feedback about your most recent visit to [HOSPITAL NAME] during [MONTH]. Please take this opportunity to tell us about the care you received. Your feedback will be used to improve health services for future patients.

The questionnaire is easiest to complete online. Once you start the online questionnaire, it is possible to return later to complete it. Please visit the web address below and log in with the following unique username and password.



Visit survey.ipsos.com.au/patientsurvey

Username [INS_UNAME]

Password [INS_PWORD]

If you prefer to complete the attached paper questionnaire, please remove this covering letter before placing the completed questionnaire in the enclosed Reply Paid envelope.

Your information will be treated confidentially. The hospital staff who cared for you will not know whether you have completed the questionnaire and will not be able to see your responses.

If you have any questions or need help filling in the questionnaire, please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 9am–8pm), or email your questions to NSWPatientSurvey@ipsos.com (include your username [INS_UNAME] in the subject line).

For information about the survey program and to see how your local hospital is performing, visit the Bureau of Health Information website at bhi.nsw.gov.au

Thank you very much for your time helping to improve NSW Health services.

Yours sincerely

Dr Diane Watson

Chief Executive
Bureau of Health Information



HOW TO COMPLETE THE PAPER QUESTIONNAIRE

Please use a blue or black pen to mark an **X** in the box next to the answer you choose.

Sometimes the box you have marked has a 'Go to...' instruction. By following the 'Go to...' instruction you will be able to move past any questions that do not apply.

Q74 On the day you left hospital, was your discharge delayed?

- Yes
 No.....Go to Q78

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box:

Q76 Did a member of staff explain the reason for the delay?

- Yes
 No

If you prefer not to answer a question, leave it blank and continue to the next question.

If someone is helping you to complete the questionnaire, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

PRIVACY INFORMATION

Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos to manage the patient survey program on behalf of NSW Health. NSW Health provides Ipsos with your name and address for the purpose of sending you this questionnaire only. Ipsos will keep your contact details confidential.

Your questionnaire responses will be treated in the strictest confidence. Once you have completed the survey, your contact details are removed from the survey results. No identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or any other health professionals unless required by law.

Your answers will be analysed along with the responses from other people who completed the questionnaire. The results will be provided to your local hospital and to NSW Health to help improve services.

You can get more information about privacy and confidentiality at bhi.nsw.gov.au/nsw_patient_survey_program/privacy

The results of all NSW Patient Surveys are reported publicly on the BHI website at bhi.nsw.gov.au



Q1 Was your stay in hospital planned in advance or an emergency?

- An emergency
- Planned in advance
- Something else

Q2 When you arrived in hospital did you spend time in the emergency department?

- Yes
- No Go to Q5
- Don't know/can't remember Go to Q5

THE EMERGENCY DEPARTMENT (ED)

Q3 Were the emergency department staff polite and courteous?

- Yes, always
- Yes, sometimes
- No
- Don't know/can't remember

Q4 Do you think the amount of time you spent in the emergency department was...?

- About right Go to Q7
- Slightly too long Go to Q7
- Much too long Go to Q7
- Don't know/can't remember Go to Q7

PLANNED AND OTHER TYPES OF ARRIVAL/ADMISSION

Q5 Were the staff you met on your arrival to hospital polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q6 Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

THE HOSPITAL AND WARD

For the following questions, please think about the time from when you arrived at your ward or room until you left hospital...

Q7 How clean were the wards or rooms you stayed in while in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

Q8 How clean were the toilets and bathrooms that you used while in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

Q9 Did you see nurses wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Can't remember

Q10 Did you see doctors wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Can't remember

Q11 Were you given enough privacy when being examined or treated?

- Yes, always
- Yes, sometimes
- No

Q12 Were you given enough privacy when discussing your condition or treatment?

- Yes, always
- Yes, sometimes
- No



DOCTORS

- Q13** If you needed to talk to a doctor, did you get the opportunity to do so?
- Yes, always
 - Yes, sometimes
 - No, I did not get the opportunity
 - I had no need to talk to a doctor
- Q14** When you had important questions to ask a doctor, did they answer in a way you could understand?
- Yes, always
 - Yes, sometimes
 - No, I did not get answers I could understand
 - I did not ask any questions
- Q15** In your opinion, did the doctors who treated you know enough about your medical history?
- Yes, always
 - Yes, sometimes
 - No
- Q16** Did you have confidence and trust in the doctors treating you?
- Yes, always
 - Yes, sometimes
 - No
- Q17** Were the doctors kind and caring towards you?
- Yes, always
 - Yes, sometimes
 - No
- Q18** Overall, how would you rate the doctors who treated you?
- Very good
 - Good
 - Neither good nor poor
 - Poor
 - Very poor

NURSES

- Q19** If you needed to talk to a nurse, did you get the opportunity to do so?
- Yes, always
 - Yes, sometimes
 - No, I did not get the opportunity
 - I had no need to talk to a nurse
- Q20** When you had important questions to ask a nurse, did they answer in a way you could understand?
- Yes, always
 - Yes, sometimes
 - No, I did not get answers I could understand
 - I did not ask any questions
- Q21** In your opinion, did the nurses who treated you know enough about your care and treatment?
- Yes, always
 - Yes, sometimes
 - No
- Q22** Did nurses ask your name or check your identification band before giving you any medications, treatments or tests?
- Yes, always
 - Yes, sometimes
 - No, they did not ask my name or check my identification band
 - Don't know/can't remember
- Q23** Did you have confidence and trust in the nurses treating you?
- Yes, always
 - Yes, sometimes
 - No
- Q24** Were the nurses kind and caring towards you?
- Yes, always
 - Yes, sometimes
 - No
- Q25** Overall, how would you rate the nurses who treated you?
- Very good
 - Good
 - Neither good nor poor
 - Poor
 - Very poor

FOOD

- Q26** Did you have any hospital food during this stay?
- Yes
 No..... Go to Q30

- Q27** How would you rate the hospital food?
- Very good
 Good
 Neither good nor poor
 Poor
 Very poor

- Q28** Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?
- Yes
 No Go to Q30

- Q29** Was the hospital food suitable for your dietary needs?
- Yes, always
 Yes, sometimes
 No
 Don't know/can't remember

YOUR TREATMENT AND CARE

For the following questions, please think about all the health professionals who treated or examined you in the hospital, including doctors, nurses and others.

- Q30** Did the health professions introduce themselves to you?
- Yes, always
 Yes, sometimes
 No

- Q31** Did the health professionals explain things in a way you could understand?
- Yes, always
 Yes, sometimes
 No

- Q32** During your stay in hospital, how much information about your condition or treatment was given to you?
- Not enough
 The right amount
 Too much
 Not applicable to my situation

- Q33** Did you have worries or fears about your condition or treatment while in hospital?
- Yes
 No..... Go to Q35

- Q34** Did a health professional discuss your worries or fears with you?
- Yes, completely
 Yes, to some extent
 No

- Q35** Were you involved, as much as you wanted to be, in decisions about your care and treatment?
- Yes, definitely
 Yes, to some extent
 No
 I was not well enough
 I did not want or need to be involved

- Q36** 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
 It was not necessary to provide information to any family or friends
 Don't know/can't say

- Q37** Did you ever receive contradictory information about your condition or treatment from the health professionals?
- Yes
 No

Q38 During your stay in this hospital, did staff assist you when you needed help for any of the following?

Please one box for each line

	Yes, always	Yes, sometimes	No	I did not need assistance with this
Eating or drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting your position in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing up or walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of a wheelchair or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Using the telephone or television	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q39 Did you feel you were treated with respect and dignity while you were in the hospital?

- Yes, always
- Yes, sometimes
- No

Q40 Were your cultural or religious beliefs respected by the hospital staff?

- Yes, always
- Yes, sometimes
- No, my beliefs were not respected
- My beliefs were not an issue

Q41 Were you ever treated unfairly for any of the reasons below?

Please all the boxes that apply to you

- Age
- Sex
- Aboriginal background
- Ethnic background
- Religion
- Sexual orientation
- A disability that you have
- Marital status
- Something else
- I was not treated unfairly

Q42 How would you rate how well the health professionals worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Q43 Was a call button placed within easy reach?

- Yes, always
- Yes, sometimes
- No
- Not applicable to my situation
- Don't know/can't remember

Q44 Was your sleep ever disturbed due to noise at night?

- Yes
- No

COMPLICATIONS

Q45 Not including the reason you came to hospital, during your hospital stay, or soon afterwards, did you experience any of the following complications or problems?

Please all the boxes that apply to you

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of an operation or surgical procedure
- Complications as a result of tests, X-rays or scans
- A blood clot
- A pressure wound or bed sore
- A fall
- Any other complication or problem
- None of these Go to Q48

Q46 Was the impact of this complication or problem...?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

Q47 In your opinion, were the health professionals open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after I left

PAIN

Q48 Were you ever in any pain while in hospital?

- Yes
- No Go to Q51

Q49 When you had pain, was it usually severe, moderate or mild?

- Severe
- Moderate
- Mild

Q50 Do you think the hospital staff did everything they could to help manage your pain?

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

TESTS

Q51 During your stay in hospital, did you have any tests, X-rays or scans?

- Yes
- No Go to Q55

Q52 Did a health professional discuss the purpose of these tests, X-rays or scans with you?

- Yes, always
- Yes, sometimes
- No

Q53 Did you receive test, X-ray or scan results while you were still in hospital?

- Yes
- No Go to Q55

Q54 Did a health professional explain the test, X-ray or scan results in a way that you could understand?

- Yes, completely
- Yes, to some extent
- No

OPERATIONS AND PROCEDURES

Q55 During your stay in hospital, did you have an operation or surgical procedure?

- Yes
 No..... Go to Q63

Q56 Was your operation or surgical procedure planned before you came to hospital?

- Yes
 No..... Go to Q61

Q57 Thinking back to when you first tried to book an appointment with a specialist, how long did you have to wait to see that specialist?

- Less than 1 week
 1 to 4 weeks
 5 to 8 weeks
 9 to 12 weeks
 More than 12 weeks
 Don't know/can't remember

Q58 From the time a specialist said you needed the operation or surgical procedure, how long did you have to wait to be admitted to hospital?

- Less than 1 month
 1 to 3 months
 4 to 6 months
 7 to 12 months
 More than 1 year
 Don't know/can't remember

Q59 Do you think the total time between when you first tried to book an appointment with a specialist and when you were admitted to hospital was...?

- About right
 Slightly too long
 Much too long
 Don't know/can't remember

Q60 Before your arrival, how much information about your operation or surgical procedure was given to you by the hospital?

- Not enough
 The right amount
 Too much
 Don't know/can't remember

Q61 Before your operation or surgical procedure began, did a health professional explain what would be done in a way you could understand?

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

Q62 After the operation or procedure, did a health professional explain how the operation or surgical procedure had gone in a way you could understand?

- Yes, completely
 Yes, to some extent
 No
 Don't know/can't remember

LEAVING HOSPITAL (DISCHARGE)

Thinking now about when you were discharged, that is when you left the hospital to go home or to another facility...

Q63 Did you feel involved in decisions about your discharge from hospital?

- Yes, definitely
 Yes, to some extent
 No, I did not feel involved
 I did not want or need to be involved

Q64 At the time you were discharged, did you feel that you were well enough to leave the hospital?

- Yes
 No

Q65 Thinking about when you left hospital, were you given enough information about how to manage your care at home?

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

Q66 Did hospital staff take your family and home situation into account when planning your discharge?

- Yes, completely
- Yes, to some extent
- No, staff did not take my situation into account
- It was not necessary
- Don't know/can't remember

Q67 Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?

- Yes, completely
- Yes, to some extent
- No, arrangements were not adequate
- It was not necessary

Q68 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

Q69 Were you given or prescribed any new medication to take at home?

- Yes
- NoGo to Q73

Q70 Did a health professional in the hospital explain the purpose of this medication in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

Q71 Did a health professional in the hospital tell you about medication side effects to watch for?

- Yes, completely
- Yes, to some extent
- No

Q72 Did you feel involved in the decision to use this medication in your ongoing treatment?

- Yes, completely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

Q73 Did the hospital provide you with a document summarising the care you received in hospital (e.g. a copy of the letter to your GP or a discharge summary)?

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

Q74 On the day you left hospital, was your discharge delayed?

- Yes
- No Go to Q78

Q75 How long was the delay?

- Less than 1 hour
- At least 1 hour but less than 2 hours
- At least 2 hours but less than 4 hours
- 4 hours or longer
- Don't know/can't remember

Q76 Did a member of staff explain the reason for the delay?

- Yes
- No

Q77 What were the main reasons for the delay?

Please all the boxes that apply to you

- I had to wait for medicines
- I had to wait to see the doctor
- I had to wait for an ambulance or hospital transport
- I had to wait for the letter for my GP
- I was not well enough
- Some other reason
- Don't know/can't remember

OVERALL

Q78 Overall, how would you rate the care you received while in hospital?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Q79 How well organised was the care you received in hospital?

- Very well organised
- Fairly well organised
- Not well organised

Q80 If asked about your hospital experience by friends and family how would you respond?

- I would speak highly of the hospital
- I would neither speak highly nor be critical
- I would be critical of the hospital

Q81 Did you want to make a complaint about something that happened in hospital?

- No, I did not want to make a complaint
- Yes, and I did complain
- Yes, but I did not complain

OUTCOMES

Q82 Did the care and treatment received in hospital help you?

- Yes, definitely
- Yes, to some extent
- No, not at all

Q83 Is the problem you went to hospital for...?

- Much better
- A little better
- About the same
- A little worse
- Much worse

Q84 In the week before your hospital stay, how difficult was it for you to carry out your normal daily activities (e.g. physical activity, going to work, caring for children)?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

Q85 About one month after your discharge from hospital, how difficult was it for you to carry out your normal daily activities?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

Q86 In the month following your discharge, did you go to an emergency department because of complications related to the care you received?

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

Q87 In the month following your discharge, were you re-admitted to any hospital because of complications related to the care you received?

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

ABOUT YOU (THE PATIENT)

Q88 What year were you born?

WRITE IN (YYYY)

Q89 What is your gender?

- Male
 Female

Q90 Which language do you mainly speak at home?

- English Go to Q93
 A language other than English

Please write in the language

Q91 Did you need, or would you have liked, to use an interpreter at any stage while you were at the hospital?

- Yes
 No Go to Q93

Q92 Did the hospital provide an interpreter when you needed one?

- Yes, always
 Yes, sometimes
 No
 I did not need the hospital to provide a professional interpreter

Q93 Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No Go to Q95

Q94 Did you see an Aboriginal Health Worker while you were at the hospital?

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

Q95 What is the highest level of education you have completed?

- Less than Year 12 or equivalent
 Completed Year 12 or equivalent
 Trade or technical certificate or diploma
 University degree
 Post graduate/higher degree

Q96 In general, how would you rate your health?

- Excellent
 Very good
 Good
 Fair
 Poor

Q97 Which, if any, of the following longstanding conditions do you have (including age related conditions)?

Please all the boxes that apply to you

- Deafness or severe hearing impairment
 Blindness or severe vision impairment
 A longstanding illness (e.g. cancer, HIV, diabetes, chronic heart disease)
 A longstanding physical condition (e.g. arthritis, spinal injury or multiple sclerosis)
 An intellectual disability
 A mental health condition (e.g. depression)
 A neurological condition (e.g. Alzheimer's, Parkinson's)
 None of theseGo to Q100

Q98 Does this condition(s) cause you difficulties with your day-to-day activities?

- Yes, definitely
 Yes, to some extent
 No

Q99 Are you a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
 No
 Don't know

Q100 Who completed this survey?

- The patient
 The patient with help from someone else
 Someone else on behalf of the patient



Q101 The Bureau of Health Information would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of their patients.

Your information will be treated in the strictest confidence. We will receive the linked information after your name and address have been removed. We will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.

Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you (the patient)?

- Yes
- No

YOUR FINAL COMMENTS

Q102 What was the best part of the care you received while in this hospital?

Q103 What part of your care provided by this hospital most needs improving?

THANK YOU FOR YOUR TIME

Please remove the covering letter by tearing along the perforated line. Return the questionnaire in the reply paid envelope provided or send it in an envelope addressed to our survey processing centre (no stamp needed):
**NSW Patient Survey, Ipsos Social Research Institute
Reply Paid 84599, Hawthorn VIC 3122**

Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)). Questions are used with the permission of each organisation.



< INSERT BARCODE NUMBER HERE >